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of
Cincinnati.

THE

WESTERN LANCET:

Clinic

A Monthly Journal of

PRACTICAL MEDICINE & SURGERY,

Edited by T. WOOD, M. D., and GEO. C. BLACKMAN, M. D.

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THIRTY-SEVENTH

Annual Announcement of Lectures

OF THE

MEDICAL COLLEGE OF OHIO,

FOR THE

Session of 1856-'57.

CINCINNATI:
WRIGHTSON & CO., PRINTERS 167 WALNUT STREET.

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MEDICAL COLLEGE OF OHIO.

ANNOUNCEMENT.

The course of instruction in the MEDICAL COLLEGE OF OHIO has been so modified as to embrace two full courses of Lectures,—the first, or Winter Course, commencing on the fifteenth of October, and the second, or *Clinical Course*, commencing on the first of March.

First Term---Thirty-Seventh Winter Course, 1856--'57.

The Winter Course will commence on the 15th of October, and continue four months. It will embrace a full course of Lectures, on all the departments, at the College, together with Practical Anatomy, and regular Clinical instruction at the Commercial Hospital. The following branches will be taught at the College :

CHEMISTRY,
ANATOMY,
PHYSIOLOGY,
PATHOLOGY,
MATERIA MEDICA,
PRACTICE OF MEDICINE,
SURGERY,
OBSTETRICS,
TOXICOLOGY,
MEDICAL JURISPRUDENCE,
PRACTICAL ANATOMY.

Hospital Instruction.

Impressed with the great importance of Clinical Medicine and Surgery, the Faculty of the Medical College of Ohio have determined to devote as much time as possible to teaching the various departments of Medicine, Surgery and Obstetrics *practically;* thus communicating to their pupils knowledge which they can at once make available when they enter on their mission of practical duty.

Clinical Instruction, therefore, constitutes a prominent feature of their plan of education; and the unlimited resources of Cincinnati—the first city in size West of the mountains—enable the Faculty successfully to carry out the great object and legitimate end of medical study, namely, *familiarity with disease at the bedside.*

For this purpose Clinical Instruction will be given *daily* in the *Commercial Hospital,* where every possible variety of disease and accident can be seen. The medical management of this Institution is under the exclusive control of the Faculty of the College.

The United States Marine patients, at the port of Cincinnati, have also been placed under the care of the Faculty of the Medical College of Ohio.

The candidates for Graduation will be conducted through the Wards of the Hospital, every morning, for the purpose of familiarizing them with disease at the bedside, and thus rendering them competent to enter on the *practical* duties of the profession, when they leave the College.

It may be safely affirmed, therefore, from the advantages offered by the Commercial Hospital—the addition of the U. S. Marine patients,—and from the geographical position of Cincinnati—occupying an intermediate position between the North and South—that the Medical College of Ohio affords to the student opportunities of acquiring information in regard to the causes, nature and treatment of diseases peculiar to the basin of the Mississippi Valley, which he cannot obtain in any Northern or Eastern College in the country.

At the close of each session two gentlemen are elected by the Faculty, out of the Graduating Class, to act as Resident Physicians in the Commercial Hospital for the ensuing year. By a recent

arrangement with the Directors of the City Infirmary, they are now paid a reasonable compensation for their services, which will enable any member of the class, whatever his pecuniary condition may be, to become a candidate for the post.

Practical Anatomy.

The facilities in this Institution for the prosecution of *Practical Anatomy* are fully equal to the desires of the most dilligent and ambitious student. Subjects are furnished by the demonstrator at reasonable rates, and *in any number that may be demanded.*

The rooms are very spacious, lighted with gas, thoroughly ventilated, and abundantly supplied with water.

☞ *The Dissecting Rooms will be open for classes on the first day of October.*

Anatomical and Surgical Museum, Etc.

The Anatomical and Surgical Museum is rich in preparations of practical value. It contains the extensive collections of Prof. Cobb, the results of the labor and industry of that distinguished anatomist and teacher for over a quarter of a century.

To this has been added the large Anatomical and Surgical cabinet of Professor Blackman, collected both in Europe and this country, which renders it, perhaps, one of the most complete and extensive cabinets of the kind in the West.

College Building.

The New College Building, recently completed at an expense of over $50,000, is not surpassed for elegance of structure and convenience of arrangement by any building of the kind in the United States. In its construction every care was taken to adapt it to the purposes to which it is appropriated. The best models of Europe were studied, and such improvements added as contribute largely to the comfort of both teacher and student. There are two large Lecture Halls, each capable of containing between five and six hundred persons, together with extensive apartments for museums, dissections, etc., etc. The entire building is well lighted with gas, well ventilated, and thoroughly warmed during the winter by means of heated air and furnace.

Library.

Spacious and elegant rooms have been arranged for the Library. It consists of a large collection of the best medical authors, to which the students have access free of charge. It is open twice a week for obtaining and returning books. Students are advised, however, to provide themselves with the ordinary text-books which, they will require for constant reference.

Preliminary Course.

Clinical Lectures will be delivered at the Hospital during the month of September; and on special subjects at the College, commencing on the first of October.

SECOND TERM.

CLINICAL COURSE.

This course of instruction will commence on the first Monday in March, 1857, and continue four months.

It is the design of the Faculty to make the Spring Term as full and complete in all respects as the Winter course; and it is confidently believed that, in some particulars, it will possess peculiar advantages. A regular course of diadatic lectures will be delivered, as usual, embracing all the departments taught in the winter session, while at the same time it will be especially distinguished by the pre-eminence given to practical or clinical instruction.

In establishing this course, the Faculty have been impressed with the belief that *Clinical* instruction (the most important part of lectures) can be made far more successful during the summer than in the winter. Not only will the number of patients be greatly increased, but the diseases will partake more of the character of those met with by the physician in general practice. In addition to this, *Pathological Anatomy* can be successfully taught only during the summer, for reasons which will be obvious to every one. This branch, which is so essential to complete the education of a physician, is measurably neglected in most of our schools; and thus young practitioners are sent out with so little knowledge of the subject as to be unable to make a successful post mortem examination. This great defect will be remedied in the Clinical course; for not only will *lectures* be delivered on this department, but *practical demonstrations* will be made, and the pupil taught how to make post mortem examinations, and to comprehend morbid changes.

Another important feature in this course will be instructions in *Diagnosis*, at the bed-side. This will embrace not only *general*, but also *Physical* diagnosis applied to the diseases of the Lungs and Heart. Pupils will be instructed in the use of the Stethoscope, and taught to discriminate pulmonary and cardiac affections at the bed-side. This alone will prove to be of the highest importance to every one who expects to practice his profession in an enlightened and successful manner.

In order to carry out fully this course of *Clinical* instruction, the Lectures on Surgery, Practice of Medicine and Pathological Anatomy will be delivered at the Hospital, and the remainder of the lectures at the College Edifice.

The objections to lectures during warm weather possess but little force. It is well known that the month of March is the best of the whole year for Anatomical pursuits, and during April and May no impediment will arise on account of the season. The dissecting rooms are very large and well ventilated, and, with ordinary care, can be kept in a good condition at any season.

It may be remarked, however, that those students who attend a winter and spring Session, will probably prefer giving special attention to Practical Anatomy during the winter, and devote more time to Pathological Anatomy and Clinical instructions during the summer.

With the conviction that the Clinical Course will prove of peculiar value to those about to enter on the practice of their profession, pupils are earnestly advised to attend this Course, when practicable, before graduating.

General Regulations.—Requisites for Graduation.

1. Three years' study, under the guidance of a reputable instructor.

2. Attendance upon two full courses of lectures, the last in this Institution.

3. Four years regular practice will be received as equivalent to one course of lectures.

4. One course of Clinical instruction in the Commercial Hospital, or some institution approved by the Faculty.

5. One course of Dissections.

6. The candidate must deposit with the Dean a satisfactory *Thesis* on some medical subject.

7. The Candidate must undergo a satisfactory examination by the Faculty, and be approved by the Trustees.

8. He must be twenty-one years of age, and of good moral character.

Commencements.

Degrees will be conferred immediately after the close of each Session. Those who comply with the general regulations can become candidates at the close of either Term.

Fees,—Winter Session.

For a full course	$72 00
Matriculation, (paid once only)	5 00
Dissecting Ticket	5 00
Hospital Ticket	5 00
Graduation Fee	25 00

Clinical Session.

For a full course	$64 00
Matriculation, (paid once only)	5 00
Dissecting Ticket	5 00
Hospital Ticket	5 00
Graduation Fee	25 00

Those who desire to become candidates for graduation are required to attend a full course; others can take any number of tickets to suit their convenience. Those who attend two full courses will be entitled thereafter to free admission.

All graduates of the School will be admitted free to all the lectures. The graduates of other Schools will be required to pay the Matriculation and Hospital Tickets.

Those who desire to remain during the interval between the spring and winter courses, and become pupils of the Institution, will be allowed the full privileges of the Library, Museum, and Hospital. These advantages, (especially Clinical instruction at the Hospital), will be of great service to the industrious pupil.

Boarding and lodging (including fuel and lights,) can be obtained at from $2:50 to $3:50 per week.

Students, on arriving in the city, by calling at the College, (on Sixth street between Vine and Race) will be conducted to good boarding houses.

Further information may be obtained by addressing the Dean.

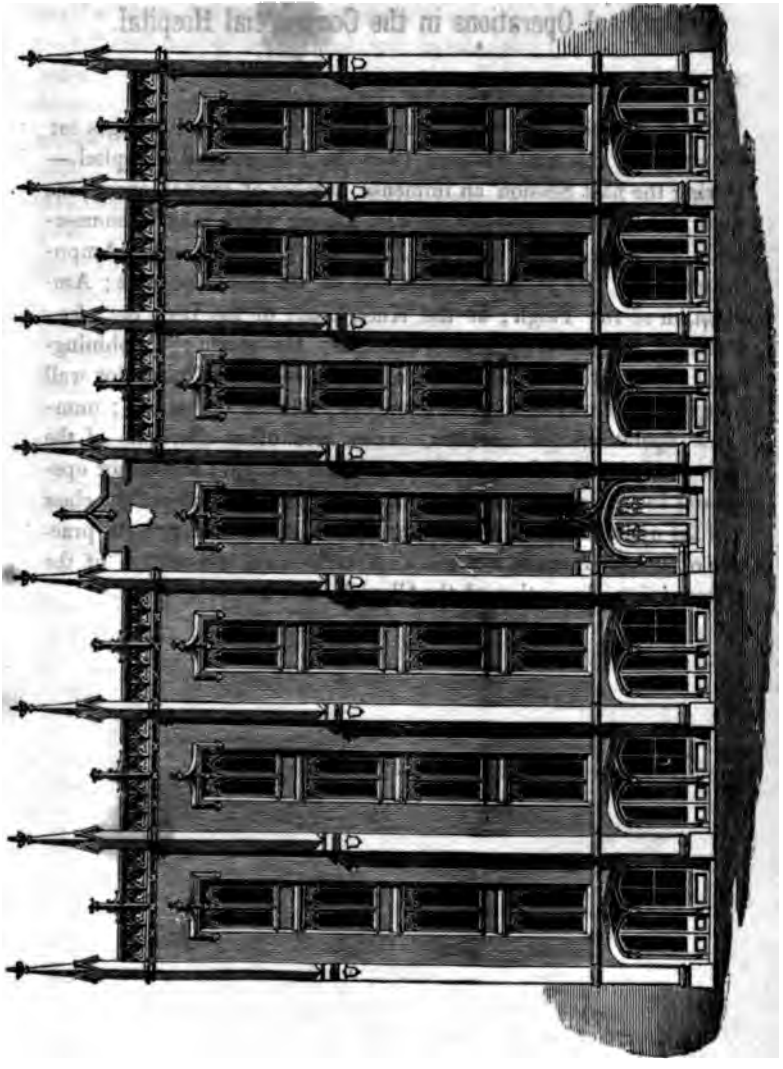
S. G. ARMOR, M. D. 87, Seventh street,
Dean of the Faculty.

THOS. WOOD, M. D. *Registrar.*

Surgical Operations in the Commercial Hospital.

But few Institutions in the country afford better advantages for the study of *Surgical* diseases than the Commercial Hospital.—During the past Session an immense number of capital operations were performed by PROF. BLACKMAN, among which may be enumerated: Ligature of the external Iliac artery; Lithotomy; Amputation at the Hip-joint; Amputation at the Shoulder-joint; Amputation of the Thigh; at the Knee-joint; of the Leg, &c., &c., Cataract; Artificial-pupil; Varicocele; Hydrocele; Trephining-skull; Ex-section of head of femur; Ex-section of posterior wall of spinal column; Extirpation of eye; Plastic operations; numerous operations for necrosis, caries, and other affections of the bones; Hydrarthrosis of the Knee; Nasal Polypi; and minor operations too tedious to mention. Besides these, members of the class had the opportunity of witnessing operations in the private practice of PROF. BLACKMAN, such as Ovariotomy, Ex-section of the Elbow-joint, Ex-section of the Clavicle, &c. &c.

MEDICAL COLLEGE OF OHIO.



WESTERN LANCET.

EDITED BY T. WOOD, M. D.,

Professor of Anatomy in the Medical College of Ohio, and one of the Surgeons of the Commercial Hospital.

No. 1.] CINCINNATI, JANUARY, 1856. [Vol. XVII.

Original Lectures, Essays and Communications.

Cases of Cynanche Maligna. By R. R. McMeens, M. D., Sandusky, Ohio.

Having treated within the last few months, a number of most formidable and fatal cases of an apparently idiopathic *Cynanche Maligna*, possessing an extreme virulence, rapid progress and sudden termination in death, by the induction of an irretrievable condition, of ædematous laryngitis, I have deemed it not unimportant to describe the disease as exhibited in this place, and vicinity, for publication in your valuable periodical, with the view of eliciting any information or means, better adapted to its management, than have been premised or addressed in our practice, and thus secure more favorable results than we have experienced.

It has prevailed so far only endemically, occurring suddenly in families, at considerable intervals of time, and attacking successively more or less violently, all the younger members of the household.

The physicians who have attended, or have been consulted in the cases, are unanimous in opinion respecting its anomalous character, and peculiar phenomena, not heretofore witnessed in previous affections, of a similar nature. Twelve well defined cases have occurred, of which I have direct or accredited knowledge. Nine of this number have died.

Eight, within five days from the time of invasion, one only lingering as late as the twelfth day, while the three recovereries were cases less violently assailed, and more advanced in years.

I shall first portray a general outline of the more prominent symptoms, and developments of the complaints, as presented in common, and subsequently detail any peculiar features, in submitting an account of the treatment as adopted in individual cases.

The manifestations of the disease in its outset resemble those of an ordinary tonsilitis, with the difference, of the accompanying fever, obviously assuming a decidedly asthenic character, and the more rapid and extensive diffusion of inflamation, involving at once, the amygdala, parotid, and submaxillary glands, the nasal fossæ, eustachian tube and internal ear and larynx.

The external swelling of the glands increase with great rapidity, becoming painful and extremely tender, occasional pangs of severe otalgia, and erratic pains in the region of the parotid, are the chief symptoms of suffering at this period. The pulse is frequent and quick, but not unnaturally tense or hard. Deglutition is but partially, and respiration but slightly embarrassed, beyond a degree of hoarseness, and some cough. On examining the fauces, it is found much reddened, and somewhat tumefied, and covered with patches of a whitish and floccular exudation. The tonsils are enlarged, presenting considerable ulcerations on their surfaces, and the breath is pungent and disagreable. The posterior nares are much obstructed, from tumefaction and viscid secretion. But there are no particular circumstances, at this stage of the complaint, to excite alarm, or portend the imminent peril attached to its further development.

In the course of forty-eight hours all febrile action, has nearly or quite disappeared, and an interval of disguised inaction ensues, but only to change its character by the production of a more intractable and distressing train of symp-

toms and sequences. During this time the breath becomes extremely fœtid and offensive, while the nostrils discharge an acrid, and excoriating secretion. The tonsils present dark grayish and deep seated sloughs, surrounded by a ragged and elevated margin, while the intervening fissure is filled with a thin and greenish liquid. The occasional expectoration of a quantity of mixed and vitiated matter, takes place. The vital forces begin to flag, the external swelling of the glands to visibly subside, and the laryngeal difficulties to proportionably advance. Stridulous and laborious resperation, now increases with astonishing rapidity, and partial or complete extinction of voice ensues, severe and harrassing spasms of suffocative cough succeeds, great anxiety of countenance, with general uneasiness, and constant disquietude follow. The dark and discolored extremities, with a general duskiness of surface, denote an imperfect aeration of blood, the lips grow livid, and the face tumid. The surface of the swollen glands assume a smooth shining and variegated pallor, and the struggling sufferer soon sinks into the stolid silence of death.

The proximate and only cause, to which I am disposed to attribute the peculiar malignancy of the disease, and its laryngeal proclivity, is the influence, of an unusually humid state of atmosphere, which has prevailed throughout the present season, combined with damp and insalubrious localities, thus determining an unwonted degree of degeneracy to inflammatory action, but believe I am not conclusively supported, in the latter suggestion, especially in the opinion of the residents, where the disease has already existed. But I have satisfactorily ascertained, that no similar affection has ever been observed before, in this section of country. It is reported to be quite prevalent at some distance in the adjacent country, proving peculiarly fatal, among adults, as well as children, but I have received no directly reliable representation of the fact. Some cases have also been stated to have occurred in the hands of our German practitioners.

The nature of the disease, is evidently an idiopathic *Cynanche Maligna* or *Gangrenosa*, assaulting first, the tonsils, and speedily extending to surrounding parts, and organs, and effecting an altered tenuity, or morbid depravation of fluids, thus producing a rapid effusion into the submucous tissue of the Glottis, larynx, and neighboring parts, and establishing an œdematous distention, or sero-purulent infiltration, and consequently resulting in a condition of inveterate asphyxia.

No post mortem examinations could be obtained, from the insurmountable repugnance entertained by the friends toward any defacement of their dead, and no definite, or occular pathological conditions could be disclosed or demonstrated.

The two first cases I treated, were the two only children of a family in the central part of the city. The one a boy of four, and the other two years of age. The eldest first contracted the affection, but not apprehending the malignant nature of the disease, a saline cathartic was directed; a gargle composed of borax, myrrh and honey, in rose water ordered with the application of volatile liniment externally.

But on revisiting my patient the following morning, was not a little surprised to discover the augmented and highly unfavorable aspect of the case, and resorted at once, to more vigorous measures to arrest, if possible, its further progress. An application of nitrate of silver in solution, was made to the tonsils, by means of a probang, which proved decidedly aggravative, by an almost instantaneous increase of glandular swelling and frequent paroxysms of violent and convulsive coughing, gargles of capsicum, salt and vinegar were advised, to procure a discharge from the foul and surcharged fauces, and a dilution of labarraques chloride of soda, to correct the foetor that constantly escaped from the mouth. The most active rubefacients, alternated with emollients, and anodyne cataplasms, were applied to the throat and neck externally, in attempts to relieve and relax the encroaching constrinction and œdema of the larynx.

To arouse the already depressed and degenerately disposed

vital forces to reaction and resistance, the acidum muriaticum dil. in barley water, quinine in solution, chicken broth, milk punch, bark and wine, were administered as freely as the ability, or aversion of the patient would permit. But the rapid advance of the laryngeal contraction to suffocative spasm and subsequent asphyxia, soon closed the scene.

The second day from the demise of the above, the younger boy began to manifest symptoms of a similar character, and advanced in the course of twelve hours to a full development of the disease. I immediately addressed a strong solution of copper to the ulcerated tonsils, stimulating and soothing cataplasms to the swollen glands, and a blister to the nape of the neck, astringent and antiseptic gargles were directed to the throat, and subsequently an emetic was administered, a warm bath advised, and generous drinks enjoined, under which the faucial and glandular disorder evidently improved, imparting a flattering prospect of certain recovery. But in the course of the fourth day the laryngeal symptoms began to augment in force, as the former subsided, and in the space of eight hours acquired all the fearful and fatal predominance of the preceding, and soon extinguished life in like manner. The nurse who was in constant attendance on the above cases, contracted the disease in a sensible degree, and it seems proper to mention the fact, that her son, a lad of about six years, had previously been afflicted in a similar manner, and only recovered under the care of Dr. Donahoo, after a long and tedious convalescence. The mother visited this boy occasionally during his illness, at the residence of his grandmother, and may have carried the contagion to the children upon whom she attended as regular nurse.

The next case that came under my immediate observation, was a fine healthy and robust little girl, about four years old, and the only child of the family, who had been attended the day previous, by Dr. Donahoo, nor considered alarmingly ill, until the succeeding day, at which time the disease had assumed its most violent and aggravated form. Various measures had already been diligently but ineffectually addressed.

Upon consultation, we concluded to administer an active emetic, to secure the dislodgement of an immense quantity of viscid and glairy mucus, which apparently assisted materially in impeding respiration, but its action afforded no visible relief. An immersion in a warm bath was approved, but without preceptible benefit. Subsequently, crushed ice was liberally allowed to dissolve in the mouth, and temporarily controled in a degree the severe and suffocative spasms, but these soon recurring in all their frightful violence, and manifest effusion from enlargement of neck, in the region of the larynx. She expired early on the following morning.

Soon after this, three fatal cases occured in the practice of Dr. Tilden, beyond the suburbs of the city, resembling closely the above cases, as I am credibly informed, in every particular.

The next exhibition of the disease I witnessed, was on the seventeenth of October last, in a family of four children, ranging from three to sixteen years of age, all of whom were more or less afflicted, and two of whom were destroyed by the disease. The first a girl of four years, was most virulently attacked, and progressed to a rapid and fatal termination, on the fourth day of its existence. The other a boy of of nearly three years, lingered as late as the twelfth day, the laryngeal affection insidiously approaching, as the glandular symptoms subsided, and ultimately, exploding all its power, extinguished the life of its victim. The patient becoming so irritable and ungovernable, that little could be done for his alleviation.

The treatment adopted in the latter cases, differed bnt little from the preceding, with the addition of active vesication in the one case, and the free introduction of chlorate of potash in water, to all of them and the application of creosote, in the proportion of a drachm to the ounce of water, and two drachms Tinc. Lavn. Comp. by means of a camel hair pencil which I found by far the most effectual of any used, particularly from its action on the two elder children, who recovered,

it was not attempted on the first, and only imperfectly on the second case, but it apparently meets the indications more fully than any other article of my acquaintance, being escharotic, stimulent, astringant and antiseptic.

Leeches could not be procured, and I should much doubt their efficacy, from the rapid induction of gangrene, displayed on the blistered surfaces, as observed in the preceding cases, the fluids being rendered so highly pernicious as to contaminate all the structures in the neighborhood of the disease.

Cotemporaneous with the latter cases, another occurred in the adjacent county, under the care of Dr. Hoyt, but who arrived too late to afford any material aid, but from description was a fully developed type of the same affection.

Cases still occur but of too late a period to include their history in this dissertation.

Death from a tin tumbler in the rectum. By O. C. GIBBS, M. D., of Perry, Lake Co., Ohio.

In a late number of the Boston Medical and Surgical Journal, there was published a detailed description of a case of death from a tin tumbler in the rectum, introduced by the patient himself, for the purpose of reducing prolapsus of that intestine. The extracted tumbler, was sent to the Boston Society for Medical Improvement, by Dr. J. O. Stone, of New York, and was presented, and the account of the case read by Dr. H. O. Stone, of Boston.

Dr. G. Moodie, of North Andover, Mass., was the first physician called; subsequently, several physicians and surgeons were summoned in consultation. The hand and arm were several times introduced into the rectum, the tumbler seized, and a powerful but unsuccessful effort made to extract it. The blunt hook was perseveringly used but without success. Division of the lavator ani, and opening the bowels, were among the operations proposed, but not performed. The patient lived several days and then died.

We call attention to this case, because it seems to us that a little Yankee ingenuity, which every physician and surgeon should possess, might have crowned the efforts at extraction with success, and saved the life of the patient. We know that it is sometimes easier to prescribe, as well as to diagnose, far away, than at the bedside of the patient. We know, also, that such diagnoses are not always correct, nor such prescriptions always judicious. We know, too, that it is easier to devise an operation, than to put that operation into successful practice; for instance, in midwifery, when the shoulder presents, and the arm is prolapsed, it is an easy matter to tell the accoucheur, if the os uteri be fully dilated, to proceed at once to deliver by turning; but it is quite a different affair, as we know by experience, to put such teaching to practice, especially if the uterine pains are frequent and powerful. Hence, we take this occasion to acknowledge, that, in the case before us, our criticisms may be unjust, and our suggestions inappropriate.

It is to be remembered that the tumbler was tin, and the ani muscles capable of dilation, sufficient for the introduction of the hand and arm. Under these circumstances, it certainly seems to us that the tumbler, with proper forceps, might have been crushed into a solid mass, of insignificant size, and removed without difficulty. Such an operation, too, it seems to us, would have been safe and easy of accomplishment.

Instead of seizing the tumbler with the hand or blunt hook, and using powerful efforts at extraction, thus lacerating the bowels with the edges of the tumbler, made ragged by efforts at removal, the tumbler should have been grasped by suitable means, and crushed to a solid ball of tin, and removed, which could doubtless have been done, without the least injury to the bowels, or, at least, with no risk commensurate with ulceration of the intestine, which must result from its detention.

If, by any means, this operation was unsafe or imprac-

ticable, still another expedient might have been adopted, with a fair promise of success. By the aid of two tubes; the larger one, in diameter a little above the greatest diameter of the tumbler; the other just of a size sufficient to pass within the first, with a cone like extremity, the tumbler, it seems to us, might have been extracted entire. The two tubes properly arranged, one within the other might have been oiled and passed into the rectum. By the aid of the cone-like extremity of the inner tube, the anus might have been dilated to the size of the larger tube, which tube could then have been passed within the rectum. The smaller tube could now have been withdrawn and the tumbler extracted entire, through the superior caliber of the larger tube. Rude tubes, like the above, might have been constructed of tin, to order, on a few moments, notice.

In concluding our brief comments upon the case, as above, we cannot repress our conviction, that life might have been saved, had either of the above procedures been put in full requisition.

A Word with the Doctors. By W. A. PEASE, Dentist.

There is an intermediate ground between the practitioners of medicine and dentistry, where unpleasant controversies occasionally take place between the stragglers and rear-guard of the one and the advance parties of the other. It is true the ablest practitioners of medicine do not desire the occupancy of this territory, as they see the undivided attention of dentists to this department produces abler and more efficient practitioners than physicians distracted by legitimate practice. It will fall to the province of this article to survey the disputed territory, notice the improvements made, the monuments erected, and the landmarks established by the dentist, which he relies upon to prove his capacity, and to furnish a sufficient reason why the exclusive right to the field should be vested in him.

The records of medical science show little or no advance in the treatment of diseased teeth till dentists took charge of them. No rational effort was made by the physician to save them; and when, from acute pain, his services were indispensible, his efforts were directed either to the removal of the diseased member, or to temporarily allay pain by anodynes or hot preparations. Under his treatment the patient's teeth rapidly diminished in number. The hot preparations generally carried the inflammation so high as to destroy the nerve, after which the tooth soon gave way. The effect of this destruction of the nerve is decomposition of it, the generation of a fœtid gas confined in the pulp cavity, which, together with the dead nerve, often produces irritation of the periosteum, terminating too frequently in acute periostitis; and the formation of pus, which must be either absorbed, find vent through the pulp canal, or perforate through the spongy process and gum.

He was guided little by diagnosis, seldom determined whether the patient suffered from odontitis or periostitis, or what would be the probable effect of treatment; he applied his favorite tooth-ache remedy indiscriminately to each, and if swelling supervened, ordered cataplasms, which too often disfigured the patient for life. Dental disease was evidently considered unimportant and unworthy of the serious attention of scientific men; else, why did they pay so little attention to it? Why bestow so much attention to an injured nerve in the foot, when, in the mouths of two-thirds of their patients, there were naked nerves daily exposed to direct wounds and injury from the juices of the mouth? Are the nerves of the teeth, in their close proximity to the brain—their almost direct termination in it—of less importance or less potential of injury on it or the nervous system, than those of the foot? All know the wonderful shock the touch of a dental nerve produces on the system, the prostration, the kind of mania that occasionally arises from tooth-ache; that in some idiosyncrasies, or conditions of the system, tooth-ache is invariably

followed by head-ache, pain in the third inferior molar by ear-ache, and that pregnancy is sure to set the nerves of diseased teeth on fire. Where else are the nerves so exposed to direct injury and the action of irritants?

The nature of the treatment, and the amount of the practice, is not of so much importance as the reflex influence exerted by the medical profession on the dental. It is this gives cause of complaint; and, it is believed, it has only to be indicated to be appreciated by it and speedily corrected. The effect of this influence will be apparent in the sequel; yet, to illustrate it fully, it will be necessary to enter somewhat into detail of the mode of practice now employed by scientific dentists, show what they have accomplished, and what—with the co-operation of the medical faculty—they hope to accomplish; premising, in passing, that dentistry is now passing what may be called *the Mechanical Era.*

A few years since, dentists and physicians occupied nearly the same ground in the treatment of the teeth. There were but few instruments, and they were illy adapted to our wants; and there was no pharmacopia belonging to or generally used by the profession. The dentist was synonymous with the manufacturer of artificial dentures; he did little more than extract aching teeth, or, if he attempted to arrest disease by plugging, it was often so imperfectly done as to be but little more than of temporary value—deferring the loss of the teeth but a few years. When caries had penetrated to the nerve, the tooth was beyond his resources. If we consider the amount of disease that occurs low down on the approximal surface of the teeth near the gum, where it is masked or difficult to discover, even when the health of the teeth is a matter of care, and that, in those places, there is but a comparatively thin portion of bone for disease to traverse before reaching the pulp—while the accelerating influence of decomposing food on caries is here the greatest—the great loss of the teeth will be apparent, especially of the molars and bicuspids, and the necessary amount of mechanical dentistry, where so large a

proportion of the teeth are liable to so common and serious a disease, and that disease is incurable. Dental statistics, so far as they have been tabulated, show that the great loss of the teeth is in early life, before the system becomes consolidated, or soon thereafter. It is not uncommon for the first permanent molar, which cuts at six years of age, to be so diseased as to be beyond remedy at nine; and the other permanent teeth often as rapidly follow. Thus, in some 1,300 permanent bicuspid and molar teeth I extracted consecutively, 32 per cent. were extracted from the mouths of persons under twenty-five years of age, and 31 per cent. under thirty, and a considerable per cent. of the remainder was for persons under twenty years of age. If, in addition to this, the large number of teeth plugged for persons under thirty years of age is taken into consideration, the frightful amount of disease in early life will be apparent. The effects of the extraction of the teeth on the health, beauty, expression and identity of man is worthy of consideration. If the molars and bicuspids are extracted, the face is apparently elongated from the ear to the mouth, an unnatural prominence is given to the os molar, the cheeks become sunken, flabby and lusterless, especially if the patient is of a sparse habit; and if the incisors are extracted the lip becomes depressed, the nose has an unnatural prominence, and the loss of the long and large fangs of the cuspidati occasion a visible, permanent depression of the lip under the alæ nasi, which the pad or gum tooth can never remedy, as they can only give prominence to the lower border of the maxillary arch. Thus, while the edge of the lip may be bolstered out to near its normal position, immediately at the side of, and under the nose, it is unnaturally depressed. The loss of the teeth adds ten years to the apparent age of the person under ordinary circumstances. There are several serious objections to artificial teeth, independent of looks. Prominent among them is the fœtor necessarily generated in the mouth from the decomposing food and mucus, which adheres to the plate, though use renders the wearer insensible

of it. It is nevertheless very disagreeable to those with whom he associates, and the tainted air he constantly breathes is prejudicial to his own health. If a partial set is inserted for a young person, and it is attached, as sets usually are, to the natural teeth, there is a complicated mischief. The denture is attached to the soundest and strongest teeth in the mouth, generally the first or second molars, by clasps, bearing on one side, or encompassing two or three sides of the tooth, while the base of the plate rests upon a semi-elastic gum that gives under pressure. In mastication the pressure is seldom uniform on the whole surface of the plate. When the bite is in front on the central incisors, the gum immediately under them is compressed; but no pressure is exerted upon it from the cusp to the point of attachment, where it acts like a fulcrum; and, in proportion as it gives under the pressure, the plate rises, or has a tendency to rise, at the point of attachment, which produces one of two things—either the clasps slide upon the teeth towards the crown, or, being so tightly clasped around them as to be immovable, they exert a traction that not unfrequently loosens them or produces periostitis. In either case the clasps are admirably calculated to retain food; and their pressure upon the enamel, in conjunction with the chemical decomposition of the food, either wears or chemically acts upon it—producing at first a preternatural sensitiveness, then a species of dentinal inflammation and destruction of the enamel. This exaltation of sensation is often likened to the touch of the nerve. So very sharp is the pain, it is difficult to make sensible people, and even physicians, believe the nerve is not actually exposed. Different idiosyncrasies and pathological conditions sometimes produce dissimilar or modified effects. Some teeth are so healthy and dense they can resist almost any amount of abuse; while others are frail and can with difficulty be preserved under the most favorable circumstances. At present the great want to determine the efficacy of many operations is accurate statistical information. What we have, is often so imperfect, was

recorded by so superficial or interested observers, that much allowance has to be made to arrive at the truth. So strongly did I feel this want, that in the session of the Mississippi Valley Association of Dental Surgeons of 1854, I moved to raise a committee to gather statistics on the length of time natural teeth will last after an artificial set has been attached to them. As chairman of that committee, I gathered from my own note-books what information I could, and made several but partially successful attempts to enlist the services of others. What information I gained was not sufficient to enable me to make a satisfactory report; but it convinced me the probable average duration of teeth, to which artificial dentures are attached by clasps, is not over seven years, and that in young subjects five years is perhaps nearer the truth. If these clasp teeth are skilfully plugged as soon as a break occurs in the enamel, it will prolong them a few years; but it must be recollected they are in a bad condition to plug, there is often chronic periostitis, the cavity is superficial, annular, very sensitive, and covers a large surface; and often the whole surface, upon which the clasps rest, is injured or altered in structure, and if no cavity actually exists but in one place, still, the whole surface is so injured as to be in the best possible condition to become one; so that much impaired enamel has to be removed to guard against accidents. The cavity generally occurs in the most exposed point. And the plug has to sustain not only the usual accidents and causes to prevent its permanence, but also the wear and strain of the clasp resting directly upon it in mastication. When we call to mind that much of the plugging in such cases, either from the inherent difficulty of the case or the unskilfulness of the operation, is inefficient, the short duration of such teeth will not be surprising. Comparatively few dentists resort to the more cumbersome, less efficient, and less satisfactory method of inserting partial sets or blocks by atmospheric pressure; and fewer persons have patience to wear them after they get

them, since the plate necessarily covers nearly the whole roof of the mouth, and the set is of little use in mastication.

The better to keep fully in view the conditions above enumerated, we will take a not very uncommon case. A young lady of eighteen requires a set of teeth, to consist of the four superior incisors and two canine teeth. Her back teeth have suffered less from caries than her front. Two of the most healthy are selected to sustain the new set, which is inserted with all possible care to prevent injury. Let us look at her. From the absorption of the alveolus her mouth is not as prominent and round as before. The pad, or gum teeth, are sufficiently thick along the margin of the gum to make her upper lip correspond with the under, but there is a depression immediately under the nose that gives a seeming pout to the lip. She looks older than before. Her friends declare her teeth are beautiful, but that she dont look natural. Alas, and never will! Soon the teeth to which the set is attached begin to complain; they have other duties to perform than nature designed for them. Never very healthy, they soon become sensitive, the slightest touch to the part covered by the clasps makes her start as if shocked by a battery, and the most cautious use of them in eating is attended with pain. To preserve them in health, it is necessary to frequently remove the set from her mouth in order to clean them, which is not only inconvenient but often painful; and then the touch of the brush and cold water is anything but agreeable. Without the set in her mouth, anything warmer or colder than the natural temperature of her mouth makes her teeth ache, and also freezes and scalds the gum or the roof of the mouth covered by the plate. Thus she wears through a year, perhaps two or three, bestowing ten times the attention on her set to keep it decent she ever did on her natural teeth. In the meantime her stomach has lost tone, her lungs become irritable, and she half owns she is nervous. But what troubles her most is, tender as her teeth are, they have holes in them, and must be plugged, or she will lose them and with

them the set. She has nerved herself up to it, the Rubicon is passed—they are plugged. Two or three years pass, the teeth suddenly break off, her set is gone, and, at twenty-five, Shakspeare's congeries of 'Sans' almost literally applies to her. Yet, she must still tread the mill, and if she has any more healthy teeth she must again bow her neck to the yoke, and present them as a fresh offering on the altar of mechanism, till finally she has lost every tooth in her mouth, and is the happy possessor of a cumbersome piece of mechanism, which, like every other mechanical contrivance, is continually getting out of fix, and ultimately wears out with her. If she is a mother, we will close our eyes to the consequences to her children—the present is bad enough.

When some future dentist shall have collected and collated the accumulated and rapidly accumulating note-books of dentists—as Maury has the old logs of sailors—a wonderful advance in the practice of dentistry will be seen.

It has been a favorite theory that the death of the nerve, from whatever cause it was produced, necessarily destroyed the vitality of the tooth; that it thereafter became a foreign substance, which nature exerted herself to remove. This theory I combatted some twelve years since, being moved thereto by pain in an exposed pulp of a central incisor. I was strongly urged to have the tooth extracted, and an artificial tooth inserted on plate. I refused, had the nerve destroyed, imperfectly removed, and the tooth plugged. It has given me no trouble to this day, and it is as valuable as the adjoining healthy teeth, whose nerves are healthy, and there is no visible indication of disease. Previously, I had frequently observed that the fangs on which I proposed to insert pivot teeth were ulcerated; at times the discharge flowed through the nerve canal, at others through a fistula established in the gum. The latter cases I considered the most favorable, as in the others the pivot would necessarily arrest the flow through the fang, the discharge would continue, accumulate and produce the well known consequences of confined pus,

till it was either absorbed or a vent was formed for its escape through the bony parics and gum. But I was frequently surprised to find that these unfavorable cases were often manageable, and occasioned little or no trouble; that the discharge that had existed suddenly ceased after the tooth was inserted, and no swelling or other unpleasant consequences supervened, and also that the discharge per fistula disappeared, and the gum became smooth and healthy. Here was an important fact. What produced it? Might not a similar condition be produced in ulcerated teeth when the crown was still serviceable? Was the nerve really after all essential to the health of the tooth. These, and similar questions, rapidly arose in my mind. To attempt their solution I commenced on myself, and with so favorable results I have practiced it ever since. I do not wish it to be inferred, however, that all cases proved as favorable as my own. There was much yet to be learnt. At times a tooth would unaccountably show all the symptoms of acute periostitis after the destruction of the nerve, which, if unassisted by topical or other treatment, would run rapidly through the supurating to the chronic stage, or sometimes discharge and then entirely disappear, when the tooth became serviceable and seldom occasioned trouble. All this time, however, it did not occur to me that I was but imperfectly performing an analygous operation to the insertion of a pivot tooth. The truth dawned gradually. It was not the pivot that healed the periosteal ulcer, or the tooth which restored the antagonism—it was the file and the drill; the file in removing all disease from the surface of the fang, and the drill, especially, in removing the dead and offensive debris of the nerve, and all offensive, putrified secretion from the canal of the tooth, as well as the carious bone throughout the greater portion of the length of the fang. These were the true foreign substances unfriendly to nature. And I further observed that if, after the fang was prepared for the tooth, all the chips made by the drill were carefully removed, the cavity washed out, and an exploring instrument passed up beyond the drilled

portion to remove any chips pushed up into the cavity, and also to remove any remaining portion of the dead nerve, I diminished the chances of an accident. And I still further diminished irritation, by pushing up on the end of the pivot into the cavity, a narcotic, astringent, or disinfectant, as the case indicated; when, if there was a discharge through the fistula, in a few days it often spontaneously ceased.

Thus much being gained it was obvious, that like operations will produce like results—that if the nerve can be as effectually extirpated in a tooth, as in the fang of a pivot tooth, and the canal as thoroughly plugged, the result must be equally as favorable. To test it, in July, 1849, I had a molar tooth (a mere shell) carefully pluged on this plan. In a little time there was a sensation of fulness, or pressure, the tooth throbbed a little, but all unpleasant sensations subsided the first day, and I have had no trouble with it since—notwithstanding the eminent dentist, Dr. Rigs, who plugged it, told me I would have trouble with it.

In making these experiments all collateral cases that tended to throw light upon them were carefully noted. It was desirable to know how far the pereosteum contributed to the nourishment and health of the tooth, and how far the nerve. Whether the circulation is entirely supplied by the artery, which enters the foramen with the nerve, or in part by the periosteum; and what changes the periosteum undergoes after the death of the nerve. Soon a favorable case for examination occured. A gentleman, some sixty years of age, of a nervous sanguine temperament, with remarkably fine teeth, had lost, early in life, a first inferior molar. The superior antagonizing molar had gradually protruded from the socket, till when the mouth closed, it completely filled the space occupied by the inferior molar, and gently rested on the gum of the inferior maxilla. Consequently the gum did not cover the roots of the tooth, and had entirely lost its attachment to them on the buccal aspect; but on the lingual, the attachment was tolerably healthy and firm.

I could see under the bifurcation of the roots on the labial side, and a probe passed to the end of the fangs. As the tooth was then painful, and also in the way, I removed it, when it presented the following appearance, viz.: The tooth was large and perfectly sound, the pereosteum was entirely destroyed on the buccal fangs, which were coated with a dry, scaly, blackish tartar to their ends, while on the lingual fang the periosteum was nearly in a normal condition, especially on the lingual aspect; but on the side next to the buccul fangs it was highly engorged, with an ulcerated margin; probably the remains of the slowly progressing ulceration that had destroyed the greater part of the pereosteum of the tooth. The tooth was split open and found to contain a healthy nerve. A still more unusual case occured not long after. The tooth was similar to this one with this exception, the pereosteum was destroyed not only on the buccal fangs, but also on the internal aspect of the lingual; probably by a similar ulceration to that seen on the other tooth. This ulceration had followed the internal aspect of the fang (I speak with reference to the buccal fangs, without enveloping it, or injuring the lingual attachment of the gum), down to the end, there destroying the nerve as it passed through the foramen; it had then extended up towards the crown several lines, perhaps the third of an inch. The margin of the periosteum was inflamed and presented much the appearance of the other, but the denuded roots were less thickly coated with tartar. I observed that the tooth brought away more of the periosteum than usual. What adhered to it seemed to have a firmer hold on the tooth, to be tufted, and highly vascular; as if nature endeavored to compensate with strength of attachment and activity of circulation for the want of surface.

On splitting open the tooth it was found to contain a live nerve; though, as it passed from the chamber to, and down the buccal fangs, it was much atrophied and probably could not long have survived from want of nourishment. I have

since extracted several teeth from the lower jaw, where the pereosteum was destroyed on one root, while on the other it was tolerably healthy, but have failed to find a live nerve in them. In these cases the teeth had not suffered from caries.

An interesting case came under my observation some four years since, which I took the more notice of, as it was of practical importance to the individual, and tended to confirm my views on pereosteal circulation. Mr. J. a gentleman about 45 years of age, active temperament, red hair, consulted me respecting a set of teeth that was then useless, from the breaking off of the tooth to which it was attached on one side of his mouth, and there was no other tooth to which it could be fastened. He informed me he had worn the set some 12 years, that it was originally attached to teeth far back in the mouth, that they had given way, when the set was attached by additional clasps to other teeth in front, one of which had now broken off. The set was originally inserted over the fangs, which had been filed off a little below the margin of the gum, and then thoroughly plugged with tin. From what I could observe, the nerve was simply removed and the canal plugged without further preparation of the cavity. The plugs were still good and they had protected the fangs from injury from the juices of the mouth. There was no alveolar irritation, the gum was healthy; and altogether the mouth was in an excellent condition, when the loss of so many teeth, with the fangs still remaining is considered. The fangs had that peculiar bright, clear color, that healthy cementum always has; strongly contrasted with the fangs of the teeth to which the set had been attached, which, when broken off, had been allowed to remain without plugging and were now hollow, shelly, black and friable, surrounded by an irritable gum, with thickened edges, engorged and bleeding at the slightest touch. I reluctantly removed one of the plugs, substituted a wooden one, into which I pressed a metallic pivot that had been previously soldered to the plate.

The set was again serviceable, and probably would be for several years. The only peculiarity of this case consisted in the healthy fangs, that had sustained a large set of artificial teeth for twelve years, and were still apparently as healthy as the day they were prepared. There was evidently a low degree of circulation in them, as evinced by the bright, lively color of the bone. During that twelve years they had preserved the features from mutilation, the natural expression of the countenance; and they had also furnished a hard and substantial base for the set of teeth, and prevented the motion, or leverage of the set alluded to before. Altogether it was a far more serviceable, beautiful, natural and artistic substitute, than it would have been if the fangs had been extracted at first.

Thus, having presented a few cases out of the abundant materials at hand to show the value of preserving the natural teeth, and that in those bad cases which have hitherto been considered by the generality of practitioners as hopeless, well directed efforts to preserve the natural teeth by removing cause of irritation will be kindly seconded by nature, and that they may still be made very valuable to the patient, and far more enduring and useful than artificial teeth; and further, that from the nature of the case, mechanical dentistry is temporary, costly, prejudicial to the health, and destructive to the teeth in the mouth; that it requires more care to keep it in order than at first to ensure the health of the natural teeth, that it is frequently the source of irritation and tenderness of the gum, your attention is asked to the concluding observations.

Mechanical dentistry—the ability to make a set of teeth is easily and quickly learned. A jeweller can learn to make a set of teeth in a day.

The skill necessary to save the teeth—the judgment that decides when conservatism ends and mechanism must begin in the mouth is, of slow growth and difficult attainment. It

requires medical knowledge, observation, thought, together with manual dexterity.

The first set of teeth a jeweller makes he can tell its value and perfection as a piece of mechanism, as well as if he had made a thousand; but, can he tell its effect on the living, sensitive tissues of the mouth? Can he tell which of the teeth subject to selection will remain the soundest and least impaired by the set at the end of three, and which at five years? The solution of this question is surely of some importance to the patient. There are periods in life when some teeth are more liable to decay than others modified by the temperament. The teeth decay in pairs. Different teeth in different periods of life and temperaments, when carious, offer much greater resistance to disease than others, and there is a great difference in their proclivities to take on pereostitis or ulceration. Yet the man who cannot tell the difference between a temperament and a temper, would not be likely to consult aught in their selection but his own convenience or purse.

The prevalent opinion among physicians, which has spread from them to the community is, that dentistry is purely mechanical, that a man, who can make a set of teeth, *is a dentist*, and that in *that* consists the chief skill of dental practice. Physicians by their action as a body, and individually, are responsible for much of the public estimation of dental ability, and the value attached to many operations; viz.: the weight of the profession has always been in favor of extracting aching teeth. Caries has penetrated to the nerve of a tooth without burrowing much, or undermining the enamel, the cavity is merely a tube, the strength of the tooth is not much impaired, but the tooth aches; without the intervention of dentists the rule would be to extract the tooth; yet by destroying and removing the nerve, the tooth may be made valuable for a period of time if not for life. After the tooth has been plugged there is perhaps tenderness at the apex of the fang, possibly absolute pain. The physician

cries ulceration! ulceration! foreign substance! dead tooth! it must come out! and so impresses the patient, that it is difficult to disabuse him, and make him believe the difficulty is only temporary, with little likelihood there will be more than a passing irritation, arising from the efforts of the overtaxed absorbents to remove some remaining particles of the dead nerve. Instead of helping nature by stimulating the action of the absorbents and keeping down irritation, he adds fuel to the fire by hot preparations, yet often after a deal of grumbling the tooth gets well in spite of him. Thus the physician creates a public opinion unfavorable to treatment of aching teeth—to conservative dentistry in general; and then because that public opinion demands mechanism, he calls us mechanics, and mechanical dentistry; thus fortified, like Jonah's gourd, swallows up the conservative. It is not strange that mechanical dentists, conscious of their own fate, should, like monarchs, seek to perpetuate their succession and avail themselves of the proclivities of the physician in their favor. Tooth-ache with them is an ugly customer, and plugs do not pay; so they adopt the maxim, that extracted teeth, like dead men, tell no tales; while inserting teeth is a palpable, attractive, walking advertisement, and they now have their sign board in the shape of artificial dentures in the mouths of half of the women in fashionable society. In contrast with them, here and there, scattered through the land, are a few quiet individuals, patiently studying the physiology and pathology of the mouth; carefully making experiments and noting the results. Emboldened little and little by success, they have progressed till they feel competent to preserve a large class of decayed teeth for practical purposes. But, unfortunately the way has been barricaded against them, the community are prejudiced against large plugs, and the weight of medical testimony is against them. The mechanical dentist fortifying himself, inserts none, and for the small plugs he does insert, he charges so low, that no one can make a business of plugging teeth, and thus acquire the skill resulting

from constant practice and concentrated attention to it, to say nothing of the more difficult classes of teeth, and live. With few exceptions good pluggers are only found in cities, and then often but a few individuals, who are obliged to eke out a living, or look for their greatest profit to their workmen in the laboratory. I have frequently asked the most accomplished pluggers how many plugs they could insert in a day; they have generally answered about 8, (a mechanic will insert 20.) Now the ruling price throughout the northern States is for gold $1 per plug, for tin 50 cents. Tin is often inserted in large and difficult cavities on account of economy both to the patient and dentist, and consequently demands more labor, making the average receipts of the honest, skilful dentist respectively 4 and 8 dollars, according to the material. The greater cost of the gold often makes tin the most profitable, so that practically, the man who brings to the profession an education worthy of it, and of a professional man, must furnish an office, provide an expensive set of instruments, and, if he confines himself to legitimate practice, subsist on hod carriers wages; unless he is fortunate in having liberal friends.

Again, if the cases I have cited, and the premises laid down are true; which are corroborated by the highest dental authority in the land, then dentistry is conservative, allied, and nearly allied to the practice of medicine; and its practitioners should be educated as highly as the practitioners of medicine; and they should be entitled to all the privileges of the practitioners in the cognate specialities, of the surgeon or occulist, etc. In general this class of dentists are as well versed in the theory of medical practice, as the generality of practitioners; though they may not have graduated at a medical college; and their exclusion from medical society is a two-edged sword, that cuts both ways; it injures them, by ranking them with mechanics, and by depriving them of whatever benefit may be derived from the discussion of medical subjects; and, it injures the physician, by depriving

him of dental experience and observation. Dentists have now obtained so strong hold of the mouth, that they will maintain what they have, and soon obtain the rest. Consequently the physician will see less and less of the disease of the teeth, and the constitutional effects of it. Who then is to write the history of the diseases of the mouth? Who make the discoveries, the improvements in treatment, till caries shall finally be banished by discovering and removing the cause, or rendered innoxious by perfection in treatment? Not the physician surely, for he does not see the cases. Not the mechanic, for he cares nothing about the teeth, science, or medicine, so long as he can extract and insert as many teeth as he pleases. It clearly then must be written, if written at all, by the dentist proper. May not his daily observation on pereostitis, inflammation and pereosteal ulceration throw some light on the disease in general? May not his direct experiments on, and treatment of the nerves, his daily necessity of combatting nervous irritation on branches so near and intimately connected with the brain, be productive of some valuable hints on nervous or encephalic disease?

In short, shall the dentist, so far as medical influence and sympathy is effective, be an honorable, educated member of a profession, or an artisan? Shall he take his stand on the high observatory of medical science, there watch for, and make observations on the transit of disease, and leave an intelligent record after him, or gloating in ignorance, believe in, and practice charms, and beat on a tin pan, during an eclipse?

Proceedings of Societies.

Monthly Report of the poceedings of the Cincinnati Medicial Society. By J. R. Aikins, M. D., Sec'y.

The Society met at the residence of Dr. Wright. In the absence of the President and Vice President, Dr. Fries was called to the chair, and the minutes of last meeting were read and approved.

The Essay being in order, Dr. Gotwald read a paper on Rheumatism, of which we give a brief outline:

He first spoke of its pathological obscurity which as yet remained unsatisfactorily explained—its distinction from inflammation, in the inconstancy of its symptoms; the marked similarity of sensation produced by electric or galvanic shock and the throbbing pains of rheumatism; the states of the atmosphere favorable to the accumulation of positive electricity in the system, and consequent vigor of the animal functions as opposed to attacks of rheumatism, and the contrary acting as a general depressment, and under which the amount of electricity is diminished, renders the body liable also to attacks of this disease.

The predisposing causes.—1st. The natural or hereditary, or congenital, and the transmission of a certain temperament, such as the sanguine, the nervous or the nervo-lymphatic.

2d. The acquired, or such as are produced by certain conditions or habits of life which disturb, depress or unnaturally excite the system, leading to depression of the vital functions and an atonic state of the organic nerves.

The exciting causes.—Exposure to cold and damp, insufficiency of clothing and sudden atmospheric changes, viz: from warm and dry to cold and damp.

Pecularities.—1st. Its erratic or metastatic propensity, which is most frequently observed on persons of the nervous, less frequently in those of the lymphatic temperament.

2d. The diversity of form. In some cases the pain is

accompanied by heat and redness; in others by a sense of coldness without any variation in the color, natural to the part affected. Again activity and exercise produce in some cases highly beneficial effects; in others the suffering is aggravated by the slightest motion.

3d. Its being invariably confined to the fibrous tissues, and modified according to the position and relation of this tissue, whether forming envelopes for the nerves or aggregated into tendons, ligaments, etc., investing muscles or forming coverings for the protection of the different viscera.*

4th. Its remittent character dependent on atmospheric changes. A partial amelioration of pain may also take place during the day, followed by an exacerbation as night comes on, or *vice versa.*

Distinction and analogy between gout and rheumatism.—In acute forms of gout, more than one joint is seldom affected at a time and the digestive organs evince much derangement precussory to the attack, while in rheumatism several joints are affected at the same time, and the digestive organs do not indicate any great amount of derangement or disturbance.

The remissions from pain and fever are more marked in gout than rheumatism. Gout, in its earlier attacks selects the smaller joints. Rheumatism, on the contrary, attacks the larger first, and only at late periods it may make its attacks on the smaller joints. Gout in its metastasis, generally invades the stomach, while rheumatism, in the majority of cases, inclines to the heart. Gout in the acute form is generally produced by the constitutional excitement resulting from a continued and excessive repletion from stimulating and highly seasoned food. On the contrary, rheumatism in its acute form is generally the result of the conjoined effects

* The disease described as irritable uterus, is a rheumatic affection, and as modifications of the irritable uterus, we have dysmenorrhœ, amenorrhœ, etc.; and except in malformations of the uterine apparatus, the above are all diseases acting and dependent on the same cause, seated in the fibrous or fibro membranous textures of the uterus or its appendages. This also applies to certain affections of the bladders, also to the eye in certain varieties of squinting and strabismus.

[illegible] and moisture. In the chronic form a sudden change [illegible] will favor a removal of the attack. In both di[illegible] the predisposition to an attack is hereditary, and found [illegible] temperaments. Again, a patient recovering from [illegible] may be attacked with the other on being exposed [illegible] causes.

[illegible] are attendant on constitutional disturbance, [illegible] distinction, that in gout the disturbance is suf[illegible] to produce the disease without the aid of any other [illegible] in rheumatism its derangement is insufficient with[illegible] of cold and damp.

Treatment. [illegible] general blood-letting, unless in plethoric hab[illegible] to metastasis to the heart, or where there [illegible] pericarditis, endocarditis, or meningitis, should [illegible] employed; blood abstracted locally answering a far [illegible] purpose. But even with these restrictions general [illegible] is premature and unjustifiable until emetics and [illegible] have had a fair trial.

[illegible] the form of the skin and control the excessive [illegible] sponging the surface several times daily with a [illegible] of bicarbonate of soda, or diluted hydrocyanic acid.

Lotion. As a substitute for this agent, the use of which [illegible] unjustifiable, the veratrum album or white hellibore in form of ointment or tincture—observing always that the skin is unbroken—will be found highly useful in the acute stage.

The internal use of the viratria, combined with opium, is also of decided value in lessening the pains and quieting the general irritability. It also acts as a tonic to the capillary vascular system.

Colchicum is a specific in rheumatic diseases, as certainly as calomel in syphilis, quinine in intermittents, or sulphur in the itch.

In every stage of the disease, recent or chronic, give colchicum as first literally, with a view to its cathartic action. This should be kept up for twenty-four or forty-eight hours, then

the remedy may be given with less frequency and in diminished quantity, conjoined with opium. When thus used it circulates to the capillaries of the general surface, and either through their own structures, or through the medium of the nerves imparts to them a large portion of their lost tone.

Blisters should not be applied over superficial joints in acute rheumatism, as the disease will most probably be aggravated thereby, and no rational hope of benefit can be expected from it as a derivative.

Opium is a remedy of importance in this disease, though generally used as an adjunct to other means. In delicate and enervated constitutions, the crude drug in powder or tincture; but in plethoric habits he prefers the sulphate of morphine.

When rheumatism is met with in malarious districts, or miasmatic fevers, quinine will be demanded and may be given with the opium, but always in small quantities.

All alcoholic, faty and saccharine substances should be avoided. They prevent the due oxidation of the uric acid, and its consequent conversion into urine. This is one of the results of the blood being loaded with hydrocarbonaneous matters.

After the reading of the paper its merits were discussed:—

Dr. Kreuse said in the present state of our knowledge it was impossible to give an accurate definition of rheumatism as distinct from other diseases. Even the production of the disease was not a settled matter:—some say it is produced by cold and moisture or noxious atmosperic influences; this cannot however be sustained, as they do not always produce the disease, nor is the disease always produced by them. Again others say, it depends upon a peculiar electric condition of the skin preventing its natural secretion, or excretion of any peccant matter which may exist in the blood—all the different humoral theories are to his mind fallacious, as the changes said to take place in the fluids are neither constant nor are they peculiar to the disease—it may be a question whether these changes are not wholly accidental, presenting

no essential character of the disease. To all appearance the humoral pathology is just as plausible as that of the French physicians who regard it as a simple inflammation.

In reviewing the history of the term rheumatism and its former application to many diseases which are now differently classified, it may not be unreasonable to suppose that the term may altogether fall into disuse.

Dr. Carroll would confine himself to a consideration of the treatment, rather than to the pathological consideration of the disease.

Let us suppose a case, say a stout healthy man suffering from acute rheumatism on the hip or other joints, what would be our treatment. Valios would recommend bleeding to perhaps four or five pints. When bleeding was indicated, Dr. C. bled from the affected limb in the foot, when the lower extremity was affected; at the arm or wrist, when the upper was involved, and generally procured relief within 24 hours; sometimes it was necessary to pursue this course in both arms and feet, from the occurrence of the disease in all the joints consecutively. He has found this mode of depletion preferable to venesection as generally practised, or by leeches—in connection with this he gives Cal. and Jalap to free purgation, with antimony; if no rest, ¼ or ½ gr. of morphine at night, with a few grs. of Blue pill. When the inflammatory symptoms have subsided, the Iodide of potassium will be found useful—particular attention to the diet of the patient is also requisite. When complicated with malaria, after bleeding and purging, he is in the habit of giving 20 grs. of quinine with blue pill within 24 hours.

In chronic rheumatism he considers quinine as one of the most reliable agents in use. He did not know much about colchicum. Has used the stramonium in chronic rheumatism with benefit—under its use the skin acted better, and the urine increased in quantity.

Dr. Wright would refer to a few points in the pathology of the disease. The Essayist said the disease was peculiar

to the fibrous tissues; if so, why did he allude to metastasis, to perecarditis, endo-carditis or uterine rheumatism. Dr. Wright did not know of any pathognomonic symptom to distinguish this disease from Neuralgia. In some cases which presented all the symtoms commonly ascribed to rheumatism, not to depletion but to quinine has the cure been owing. As to the pathology of the disease, we are at sea, and as to its treatment, much at fault.

He has at present a case of uterine difficulty; before each catamenial period, swelling of one or both knees, similar to rheumatism in every respect, comes on. The attack is also aggravated in proportion to the uterine disturbance, sometimes involving the shoulders.

All these unpleasant symptoms disappear as suddenly at the establishment of the menstrual flow. Some years ago had a case of what was called uterine rheumatism, there was swelling and pain in that organ, which was relieved by the use of quinine.

Rheumatism cannot be considered an ordinary inflammation—its rapid changing from one joint or organ to another, is sufficient proof of this.

Dr. Woodward said the apparent similarity between dysmenorrhœa and rheumatism was brought to his mind by Dr. Wright's remarks. The benefit derived from the use of the volatile tinct. of quinine in this form of uterine difficulty, as recommended.

Dr. Downs also seemed to favor the similarity. Indeed he had frequently been the instrument of restoring to fecundity the barren womb, by the administration of this preparation. One particularly he recollected, who had been married for 13 years, became a mother at the end of that time.

In looking over the last number of the Counsellor, saw an account of 24 cases treated with success by giving the Rochelle salts till alkalinity of the urine was established.

Dr. Blackman asked if any cases of suppurative inflammation of the joints had been observed following rheumatism.

Dr. Wright mentioned a case of a child of healthy parents, who was first attacked with inflammatory fever, then with cholera infantum, after which swelling of the joints set in, said to be rheumatism. A large abscess followed extending nearly from the hip to the knee, not involving the joint however, but the cellular tissue of the limb.

Dr. Fries related a case of a man who was attacked with general inflammatory rheumatism, involving nearly all the large joints. He was treated by bleeding, antimonials and chloroform liniments for 15 days. The case seemed about to convalesce when an enlargement of both thighs appeared: leeches were applied freely, after a few days fluctuation was apparent, and the opening was followed by a large discharge of pus. In a few days the other presented a similar appearance, but the friends did not deem it advisable to have it opened; the Dr. was accordingly dismissed, and has not heard the final result. To all appearance it was connected directly with the joint.

Dr. Quinn spoke of citric acid, which at one time was so extensively used in rheumatism.

The diagnosis between neuralgia and rheumatism was generally capable of being effected by the application of pressure, the one being aggravated, the other relieved by its use. The post mortem absence of the appearance of inflammation was not to be wondered at, from the fact, that death generally results from some other cause. He would ask how it is that two such opposite lines of treatment—the alkaline and acid could be successful, and to all appearance equally so. He had used the citric acid or lemon juice with much benefit, one case particularly, who suffered intensely, was completely cured by the daily use of lemons.

When complicated with malaria has found quinine most useful. Dismissed.

It was resolved that the papers of the evening be hereafter laid on the table for further discussion if deemed advisable, at a future meeting.

MEDICAL NEWS.—Dr. Tate reported the use of carb. of soda in 30 gr. doses continued for ten days, with relief in the treatment for asthma.

CANDIDATES FOR MEMBERSHIP.—Dr. J. L. Woodward, by Drs. Walker and Atkins, and Dr. F. P. Cahil, by Drs. Dawson.

This being the annual meeting, the following officers were elected for the ensuing year.

President, M. B. Wright, M. D., Vice-President, G. C. Fries, M. D., Rec. Secretary, J. R. Atkins, M. D., Corr. Secretary, W. W. Dawson, M. D., Treasurer, N. L. Armstrong, M. D.

Moved, That Dr. Armstrong be requested to furnish his annual report at the next meeting. Adopted.

The following were appointed Chairmen of the Committees on Medical News.

Dr. Kreuse, for Germany, Dr. Mussey for France, and Dr. T. Wood for Great Britain and the United States.

Voted, That the Chairman of each Committee be directed to enquire regarding the Journals now subscribed for, and report to the Society at next meeting. Adjourned.

Correspondence.

KENTON, Dec. 5, 1855.

EDITOR WESTERN LANCET:

A case has come under my observation within a few months, which I think so peculiarly strange that it should be given to the professional world. Mr D——of Chilicothe, æt. 65, has been afflicted with a disease of the bladder, which has been called by several phisicians, gravel, stone, etc. for some years. He has tried many remedies with varied success.

Within two years he has been making constant use of a paste put up by some physician in New-York. This remedy for some time seemed to have little effect, but after a considerable amount of it had been taken, there were copious discharges of fœtid and most loathsome matter mixed intimately with the urine, and at times thick evacuations of sandy water and blood. After these discharges he rested more easily and found himself getting better. He continued to use the medicine, and some months ago ceased having those nauseous discharges, and at the present time enjoys pretty good health; but the peculiarity I purposed drawing your attention to, has made its appearance lately—it is the discharge of *hairs* from the penis. He has drawn perhaps five hundred hairs from the mouth of the urethra, some of these hairs are fine, silken, and black, and present no appearance of roots; others are silvery and long as though they were from his head or the pubis, but he avers they come from the urethra and produce a tingling sensation along the whole course of that canal. The old gentleman thinks the mucous membrane of his bladder is taking the property of hairing over, but as this is physiologically impossible, how shall we account for it? It is impossible that they should be received by sexual intercourse, and to satisfy ourselves that they cannot come from the outside world he has arranged an apparatus that nothing of the kind can come in contact with the meatus urinæ. It is a curiosity beyond my ken. Yours as ever,

J. Eren Nagle, M. D.

Reviews and Notices.

The Obsteric Memoirs and Contributions of James T. Simpson, M. D., F. R. S. E. Edited by W. O. Priestly, M. D., Edinburg, and Horatio R. Storer, M. D., Boston. First Series. Lippincott & Co. Philadelphia. 1855. p. p. 750.

The name of Dr. James Simpson is familiar to every attentive student of medicine in America. His sentiments, and the princi-

ples which it has been his good fortune to demonstrate, are known to all intelligent practitioners of the Obsteric art. Few transatlantic physicians are so well known to their brethren of this continent, or who have contributed a greater number of substantial practical facts to the common stock of professional knowledge than he. The opportunities enjoyed by him of studying nature and disease have been ample and diversified, and they have not been permitted to pass unimproved. The eagerness with which the productions of his pen are sought after by a discriminating and enlightened profession, and the reliance reposed in the results of his labors and investigations, are but indications of the confidence and esteem in which he is held, as a successful practitioner of his favorite department, a faithful and intelligent interpreter of nature and disease, and an original investigator.

With these sentiments—which we believe exist generally in the minds of physicians—the profession of this country will be not a little disappointed when they learn that the work under consideration is not a systematic treatise upon Obsterics and diseases of women, fresh from the pen of Dr. Simpson, but is only a reprint of the "Memoirs and Contributions" which, from time to time, the author has found leisure and inclination to furnish the medical periodicals of his day. A majority of these articles, at some period, have in part or wholly been transferred from European medical journals—in which they first appeared—to those of our own country, and had an extensive reading. Others have not enjoyed so extensive a circulation, and will be perused for the first time, by the members of our professiou, upon the pages of the present or second series, which will soon follow its predecessor from the press of Lippincott & Co.

It is rare to find a man of his age, engrossed in practice, who has written so extensively and ably as Dr. Simpson. He has scarcely attained the meridian of life, and yet every phase of the physiology and pathology of the uterine system, has, at sometime, been made to pass under his scrutiny; and the series of articles contained in this and the succeeding volume bear record of his observations and experience. Much elaborate detail and useful information will be found in these pages, which order and system would exclude from a more pretending work. This, added to a desire of the editors to present the labors of their favorite teacher in a more invitihg

and imperishable form, were thought sufficient inducements and apology for them to collect and reprint these papers in book form. They enjoyed the assistance and co-operation of the author in this praiseworthy labor; the latter finding it necessary to re-write many articles. The views and principles advanced therefore have the sanction of authority, and will be found to reflect the sentiments of Dr. Simpson, as entertained at the present by him upon the various subjects discussed.

In passing, we cannot refrain from entering our protest against putting up works of the character of that under consideration, in meagre, cheap, half binding. The volume before us is in imitation of the English styles, printed in clear type upon common paper, with the leaves uncut. It is a fair counterfeit of European works, but a miserable substitute for the perfection and elegance which our home publishers are capable of executing. To the uncut leaves we object more than anything else. The labor of using the knife, or perchance the finger, in dissecting up, page after page, as the reader follows the author through an elaborate argument, becomes irksome and annoying, just in proportion to the interest taken in the subject. Those of elegant leisure may find amusement in this work, and they whose minds are inately sluggish will enjoy an abundant opportunity for collecting their thoughts and drawing a long breath at the bottom of each page, while they are mechanically performing a part of the labor which legitimately belongs to the binder; yet, the man who is compelled *to read as he runs* will experience little pleasure in either.

Three strokes of the mechanic's knife would have rendered the matter in this volume accessible, and given to the book quite a genteel appearance. As it is, the edges, disfigured and roughened by being torn with the finger or cut with a dull knife at best, will accumulate dust, and soon present upon the table or shelf of the library an old and uninviting exterior. This is a legitimate sequence, or the book must be re-bound before it is available to the active practitioner. But enough of cavil and fault-finding. The "Memoirs" are valuable contributions to the literature of the subjects of which they treat, and should be attentively studied by every member of the profession.

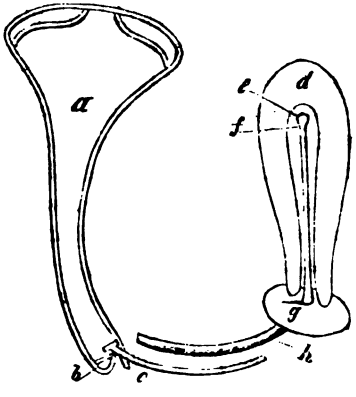
The *first series* is composed of "special pathology of the unimprognated female," "physiology and pathology of pregnancy," and

"natural and morbid parturition." Under the first head there are forty-four distinct articles, upon as many different subjects, in the aggregate covering three hundred pages. They treat of all the most important and rare affections to which the unimpregnated female is especially heir. Of those which have illicited considerable controversity, and upon which the profession is still divided, we have but the time to allude to the introduction and use of uterine pessaries or redressers, in the treatment of deflections of the womb. Uterine sounds and intro-uterine pessaries are as old as Hypocrates, and at various historic periods of medicine have been more or less popular with certain classes of practitioners. All the benefits that may have resulted to suffering humanity from the re-introduction of these instruments, as a means of diagnosis and treatment of certain morbid conditions of the female organs of generation, the profession and community are under obligations to Dr. Simpson for reviving their use.

In describing the early use of these agents in his hands, as a means of retaining the "replaced uterus in situ," he says: "after detecting the ease and certainty with which the uterine bougie could be used for the discovery of retroversion, and for the temporary restitution of the organ, it appeared to me that the most direct and perfect method of retaining the displaced uturus in situ, would consist in some means of retaining and fixing, as it were, the end of the bougie in the uterine cavity. I soon found that the restoration of the uterus temporarily, from day to day, with the bougie, was insufficient, and that some more permanent means of keeping the organ replaced and retained were necessary. But one primary and important point to be solved: would the uterus bear with impunity the presence of such a body for a length of time in its cavity? My first experiment upon the subject I made with extreme anxiety and great misgivings as to the result. I watched the case from hour to hour and from day to day, and was delighted to find that the presence of the instrument was borne by the uterus without irritation or annoyance. The patient was almost entirely incapacitated from walking by retroversion of the uterus before it was used. After thus wearing a wire pessary in the cavity of the uterus for some months, she so far recovered as to bear two children, one in this country and another subsequently in India. I soon found in other cases, that, when the instrument was once properly fitted and adjusted, it could

be borne with perfect safety, and without any pain or inconvenience. Occasionally, I have met with cases in which the uterine pessaries have created so much irritation as to render its withdrawal necessary in a few days after it was introduced. But these cases have been exceptions to the general rule, and I have allowed the instrument to remain in the uterus for two, four, six months, or longer. Within the past week I have removed two uterine pessaries, one of which I had introduced eight and the other nearly ten months previously. They are not to be interfered with during the menstrual period. Sometimes, though by no means always, a slight menorrhagia follows their use, particularly for the first period or two after their introduction."

The following is the third or last form of pessary resorted to by Dr. Simpson, and is the one now used by him: It is made of two parts—1. An *internal*, with a stem, *f*, to pass into the uterine cavity; a bulb or ball, *g*, for the cervix to rest upon; and, in addition, a vaginal portion or curvelinear tube, *h*. 2. An *external* part, consisting of a wire frame work, *a*, *b*, *c*, to maintain and hold the



internal part in situ. This external part, (the different parts of the pessaries in the wood-cut, are represented somewhat below their actual size. The bulb or ball is generally made an inch and a half long, one inch broad, and about half an inch thick. I have sometimes used a larger bulb. When smaller, it is liable to produce dilitation of the os uteri, and even pass partly into it,) or wire frame, is about five inches long; at its lowest or vaginal portion it is about half an inch broad, and towards its upper, or pubic portion,

it suddenly swells out to three inches in width. From the vaginal extremity of this frame projects, at nearly right angles to it, a flat tubular portion, *c*, two and a half inches long, closed at its further extremity, and fitted to slide into and fix the corresponding open tube, *h*, attached to the bulb of the internal half of the instrument, *g*."

After replacing the dislocated organs by means of the uterine sound, the uterine portion of the instrument is introduced into the cavity of the womb, and the shaft *c* is inserted into its sheath *h*, until the pubic frame *a* adjusts itself to the prominence of the pubis. If the instrument is found to press unpleasantly upon any part of the utero-vaginal tract or external organs, it can be relieved by bending the wires until the direction is changed, and the suffering is relieved. "The time," says Dr. Simpson, "during which it is required to be worn, in order to effect a cure, varies in different cases from one to two weeks to as many months. The recent or chronic character of the case, and particularly the degree of the tendency to retroversion, are our principal guides on this head."

The above method of treating uterine deflections has never received very much favor from the great body of the profession, either in Europe or America. The occasional utility of the intro-uterine pessary has been demonstrated beyond peradventure by some of the most sagacious and trustworthy practitioners of the present age; yet, from some unaccountable reason, the benefits represented to follow its judicious use have rarely been tested in private practice. M. Valleix, one of the most able and successful uterine practitioners of France, habitually uses a modification of Simpson's redresser, with marked benefit and success to his patients. The apparent inattention to the claims of this method of treating affections of the womb results from two causes: the one, connected with the organ itself, and the other growing out of illegitimate, rancorous hostility, which certain professional magnates are wont to wage against anything new which emanates from the labors or pen of Dr. Simpson. There is a very general impression prevailing throughout the ranks of medical men, that the uterus will not tolerate the existence of any foreign substance in contact with the mucous membrane of its interior surface, for any considerable period, without being followed by serious or fatal results. When positive violence is not done to the integrity of the organ by the uterine sound, in a rational or philosophical aspect of the subject, we can conceive of no good and sufficient reason why unfavorable consequences should uniformly or even

generally follow the introduction of this instrument. Nor is such the case. The friends of this practice assure us, with commendable frankness, that occasionally irritation is superinduced to such an extent as to demand the early removal of the instrument. And two or more cases have been reported by those hostile to the uterine pessary, in which the patients died from the results of the instrument. We are of opinion that the death of these patients was not a legitimate sequence of the pessary, and if so, the gentlemen under whose care the cases occurred were highly censurable for allowing the instrument to irritate, inflame, and burrow in the uterine walls before it was removed. Local and constitutional disturbance, which if allowed to go on unrebuked might even prove fatal to the patient, is often found to follow the use of vaginal pessaries; and yet, those who are loudest in their denunciations of the uterine instrument, do not discard the former on account of these occasional unfavorable phenomena, but urge upon the judicious use of the agent in cases of procedencia uteri. If these objections to the use of the uterine redresser are unfounded, and the instrument can be worn, it certainly furnishes the best and only direct mechanical means of retaining the displaced organ in its normal condition. We think that there is an unwarrantable and unfounded delicacy, and fear of evil, resulting from the careful manipulation of the uterus, both in the gravid and unimpregnated state.

The second, and perhaps greater reason, why the intro-uterine pessary has never been introduced into more general use is, that such men as Dr. Robert Lee of London, who instinctively opposes Dr. Simpson in everything, with all the fierceness and rancor which wounded pride and a deep-seated jealousy could invent, and M. Velpeau and Prof. Cruveilhier of Paris, combat and ridicule the agent in unmeasured terms. Their joint influence is mighty.

"I have never," says Sir Charles Clark, "seen a single instance in which the laws of nature have changed, believing the law of nature to be that parturition should take place forty weeks after conception." Such professional evidence as the above has legally fixed the term of pregnancy to 40 weeks or 280 days. Actual experience and accumulating knowledge are fast robbing this theory of its strength, and will soon demonstrate it to be false and fabulous. We have long been skeptical in reference to the unalterable laws which medical jurists enact for the term of gestation. It has neither analogy, logic, philosophy or experience to sustain it. Why the

laws governing the term of pregnancy in the human female should be more unerring inlimiting utero-gestation to a particular number of days and hours, while, in the vast dominions of the animal and vegetable kingdoms beside, there are none others to be found like unto them, has ever been to us an enigma and stumbling-block. Twin buds upon the same stalk will seldom flower and fall simultaneously. All the clusters upon the vine will not mature at the same time. Trivial circumstances may produce the variation. The rabbit and cow vary constantly in their term of gestation. Then why should not the human subject also be influenced by some incidents similar to those of other organized beings, even though the latter be lower in the scale of vital existence. It is quite rational to suppose that the laws influencing and determining the period of pregnancy in the human female are subject to all these variations, which we constantly witness in the lower order of beings around us.

In alluding to the duration of human pregnancy, Dr. Simpson says: "some physicians of the present day still hold that the laws of nature are quite fixed in this respect, and that human pregnancy never exceeds the term in question—280 days. We have, I believe, however now, sufficient physiological and obsterical evidence accumulated to prove—1, That this doctrine regarding the ultimate length of gestation is incorrect;—2, That the term of human pregnancy is not, as a general law, so very definite and precise as many practitioners suppose it to be; and—3, That the deviations from it, both in the way of diminution and excess of time, are far more common than is supposed to be among members of the profession at large."

The following interesting table Dr. Simpson deduces from the recorded cases of Lord Spencer and M. Tessier upon the cow, where the precise period of impregnation was noted, from a single intercourse with the bull:—

Per centage of different periods of gestation in the cow.

WEEKS.	DAYS.	SPENCER.	TESSIER.
37th	From 252d to 259th	1.60	1.05
38th	" 260th " 266th	0.55	1.40
39th	" 267th " 273d	2.08	8.91
40th	" 274th " 280th	16.53	29.02
41st	" 281st " 287th	52.27	35.31
42nd	" 288th " 294th	23.18	18.36
43rd	" 293rd " 301st	2.12	4.72
44th and upwards.	" 302d " 321st	0.93	1.22

The term of utero-gestation in the cow is set down at forty weeks,

the same as that in the human female. The results of the above tabular statistics show a remarkable variation, yet they are quite as uniform as the tables drawn from the reported cases of Drs. Murphy, Merriman and Reed, upon human subjects, which in the aggregate amount to 780. To us it appears utterly impossible to demonstrate the period of conception, and consequently, the actual term of utero-gestation either in woman or the lower order of animals. There must be an appreciable interval between the period of copulation and conception proper. It is not impossible for this to amount even to days, and perhaps a week, or even longer. Time is necessary for the sperm all to travel from the vagina, where it is deposited, by the male organ, through the uterus and fallopian tube to the ovaria, where it is admitted that it must frequently come in contact with the germ cell, before impregnation can by any possible means take place. And, even could it be demonstrated when this actually occurs, we do not believe that the same number of days are necessary in a given number of cases for the economy to elaborate and produce a mature offspring.

There are very many other subjects which we had marked in reading this interesting book, for the purpose of alluding to them somewhat in detail; but we must conclude by giving place to Dr. Simpson's speculations upon the cause which terminates utero-gestation at or about the 40th week.

"The cause why parturition generally comes on in the human female from the 274th to the 280th day, has been much debated among physiologists and accoucheurs; and perhaps a knowledge of it may be necessary before we can understand all the circumstances which lead to the frequent irregularities and occasional prolongation of pregnancy. I would venture to suggest that, in the human female, the exciting cause of parturition is to be traced to changes going on, or rather accomplished, between the uterus and its deciduous lining; which changes lead to parturition, when they have proceeded so far as to effect the necessary amount of disintegration and separation between the relatively attached surfaces and decidua. These changes in the connection between the decidua and uterus seem analagous to the so-called fatty degeneration which occurs in effete and worn-out structures in other parts of the body. The changes of textural degeneration and separation are not necessarily accomplished with precision to a certain fixed day, and hence I believe the very great irregularity which we have seen in the preced-

ing tables to exist, in relation to the time at which parturition supervenes after impregnation."

It is true that the connecting medium which unites the dicidua to the lining surface of the womb, must be dissolved before the former can come away, and that, in severing the union of these surfaces by artificial means, expulsion of the contents of the womb follows at no very remote period; yet, from the foregoing it does not follow as an inevitable sequence that decadence of this uniting medium uniformly stands to parturition in the relation of cause and effect. Labor can be induced by rupture of the membranes, without in any material manner disturbing the utero-decidual medium. But, granting that these textural degenerations are the cause of parturition, the ultimate question is no nearer solved than in the beginning. It is only adding another mysterious link to the already mysterious and incomprehensible chain of reproduction, whose origin and termination are still obscured by the chief of mysteries. What law is it that will produce sufficient "decay and disintegration of the relatively attached surfaces of the decidua and uterus" to a given day, with sufficient uniformity to entitle it to the consideration of a general rule.

In the economy of organized beings, we find no analogy to sustain this assumption. The exceptions to the rule of parturition taking place at or about the 280th day after copulation, are urged by Dr. Simpson in favor of his theory; claiming that it is a premature or delayed decadence of the deciduo-uterine medium, as the case falls short or is prolonged beyond the regular term of gestation. To us, it would be more rational to suppose that the term of pregnancy was uniform, and the irregularities in the termination resulted from a want of knowledge of the precise period at which there was a union of the contents of the *sperm and germ cells;* before which, conception proper cannot possibly exist. We have before intimated that this time is variable. Each of these theories are subject to insurmountable objections, which, with our present state of knowledge, we cannot explain away. The law which puts an end to utero-gestation, appears to be nothing more than an exemplification of the same power, or continuation of the identical rule, which causes the fruit to mature and fall, or the ovaria to extricate from their surface a mature ovum at monthly intervals. What this power is we will not attempt to explain. For sale by Moore, Wilstach & Co.

Dayton, Ohio. H. G. C.

Clinical Lectures on Surgery. By M. Nelaton. From Notes taken by Walter F. Altee, M. D. Philadelphia: J. B. Lippincott & Co. 1855.

From the deservedly high reputation of M. Nelaton, as a clinical teacher and operating surgeon, notes of his lectures must be very acceptable to a large circle of practicing surgeons in the United States. The French are distinguished for the accuracy of their diagnosis, and their faithful descriptions of the characteristic features of diseases, though we believe it is generally admitted that their practice is not as successful as that of English and American Surgeons. This, however, may be the result of other causes than a want of skill. The Hospital practice in Paris is chiefly confined to the dregs of a population that is proverbially prone to vice; and the iniquities of the parent have visited the offspring through so many generations, that their constitutions succumb to disease, though assisted by the best skill, sooner than where a stricter code of morals is observed.

Another cause of the fatality of their surgical cases is found in their badly constructed and badly ventilated Hospital-buildings; and, as this fact may be of some local interest to our friends in and about Cincinnati, we will give some of the remarks of M. Nelaton on the subject. On page 305, in speaking of the *post mortem* appearances of a case that had died after an amputation, M. Nelaton makes the following remarks:—"Things have come to such a point, that really I am forced to ask myself the question, whether morally I ought to undertake such operations in this Hospital; and it is not the only one in Paris where the mortality is so frightful—radical reforms are needed in all. *Of all the cases operated upon, by amputation, in the preceding twelve months, only two have been saved.*"

Again, on page 307, while discussing the propriety of an amputation in another case, he objects to the operation, by saying that "*amputations succeed horribly in this Hospital, and I believe they do no better in the other Hospitals in Paris; only the surgeons will not confess it.*"

Now we are not a little surprised to meet with such assertions falling from the lips of such indisputable authority; for, within the past two or three years, we have had the Hospitals of Paris held up before our "mind's eye," as models of perfection, by some of the "traveled ————" who have exhibited so much concern for our own Commercial Hospital. We are now suspicious that they have

thinned their soles (souls) more in promenading the Boulevards than in walking the wards of the great Hospitals with which they seem to be so familiar.

The notes of M. Nelaton's lectures is a highly instructive work, and will doubtless meet with a ready and extensive sale.

For sale by Truman & Spofford.

Clinical Lectures on Paralysis, Diseases of the Brain, and other Affections of the Nervous System. By ROBERT BENTLY TODD, M. D., F. R. S. Physician to King's College Hospital. Philadelphia: Lindsay & Blackiston. 1855.

This work is composed of a series of lectures that were delivered in the Theatre of King's College Hospital, during the last ten years. The well known reputation of Mr. Todd as a clinical teacher, viewed in connection with the large number of cases always under his charge, must give to this book a deep interest with those engaged in the treatment of affections of the nervous system. He enters into a full discussion of the various diseases of the brain and nervous system, and his remarks are highly illuminated by the light that has been thrown on the Physiology and Pathology of the nerves and brain by the microscope.

For sale by Moore, Wilstach, Keys & Co.

Physiological Chemistry. By Professor C. G. LEHMANN. Translated from the second edition by GEORGE E. DAY, M. D., F. R. S., Fellow of the Royal College of Physicians, and Professor of Medicine in the University of St. Andrews. Edited by R. E. ROGERS, M. D., Professor of Chemistry in the Medical Department of the University of Pennsylvania. With Illustrations, selected from Funke's Atlas of Physiological Chemistry, and an Appendix of Plates. Complete in Two Volumes. Philadelphia: Blanchard & Lea. 1855.

The science of Chemistry has rapidly advanced in the accumulation of facts in the last few years, but in the department of Physiological Chemistry the numerous developments make this era unprecedented. The Germans have been singularly successful in their investigations, and may justly claim precedence before all others in the value, importance, and variety of their discoveries. The names of Liebig, Ludwig, and Schonbein, have been pro-

nounced with respect in every lecture-room and laboratory where the science of chemistry is taught, and their investigations have shed a lustre around their names, and the science, which must be alike perpetual to both; but we are assured from the character of the work now before us, that Prof. Lehman is not inferior to the best in his favorite department, and that his name will soon occupy as prominent a position in the estimation of the Profession in America as those of his distinguished compeers.

"Lehman's Physiological Chemistry" contains eleven hundred and eighty 8vo pages. The text is fully illustrated by clean accurate wood-cuts, introduced wherever required throughout the work, in both volumes; and at the end of the second volume are twenty-four beautiful plates, showing microscopic views of the various tissues of the human body, and the crystaline formations that appear in the urine and other secretions.

Taken as a whole, a more complete and valuable work—or one that presents the whole science in its present state so well—cannot be found.

For sale by Moore, Wilstach, Keys & Co.

Progress of Medicine.

We find in the "American Medical Monthly" a report of some exceedingly interesting "Practical Lectures on Military Surgery," delivered at the New York Medical College, by Isidor Gluck, M. D., Chief Surgeon to the Hungarian Hussars, and to various Hospitals during the late war in Hungary, &c., &c. His description of the mode of using Gypsum or Stucco bandages in the treatment of fractures on the field of battle, will suggest to the ingenious surgeon the use of such dressings in civil practice.

Gypsum or Stucco Bandages.

"Although even in compound fractures, where the wounded place has to be left uncovered, the application of Scutin's starch bandage answers this purpose best, still there are some objections to its being used in the field, or even in the hospital.

1. *It dries too slowly*, and cannot replace therefore *immediately* manual extension, that is required in order to retain the ends of the broken bone in mutual contact. It is, therefore, necessary to use machines or apparatus till the bandage becomes dry for 24–48 hours.

2. The *thickness* of the walls of the bandage *diminishes*, while the bandage becomes dry, and thus receding somewhat from the limb, cannot serve instead of the *manual extension*.

3. The application of the starch bandage costs on the field much time and trouble. The limb must first of all be surrounded by a roller, then covered with compresses, and rollers; pasteboard and splints are then applied, and the whole again surrounded by a roller. The application of openings (windows) in Scutin's bandage is combined with difficulties. If the windows are made at the time when the bandage is applied, the same keeps *badly* together, the fractured ends and wood or tin splints must be used; if the windows have to be made when the bandage is *dry*, the wounded portion remains covered for a day or longer, and the excision or formation of the openings is in the hardened starch bandage yet more troublesome.

4. However dexterously we may apply the bandage, it will be pretty difficult to make so large openings as required, in order to expose the injured portion without loosening at the same time the *whole bandage*, while small openings or windows expose but a portion of the injured part.

5. In suppurating wounds, the pus discharged, as well as the fluid applied for cleansing the wound, and the moisture of the cataplasms, will run under the bandage and destroy the epidermis.

6. The hardening and unequally contracting starch bandage, (i.e. quickly hardening at its thin portions and slower in its thicker ones); exerts an unequal pressure and therefore an injurious effect on the *swollen parts*.

7. The starch bandage cannot be applied for transporting the wounded soldier, who receives on the battle-field a compound fracture, because it requires warm water, (not always ready in the field) for preparing it; then again it dries slowly, the formation of windows causes loss of time and trouble, requiring the application of splints, and because the parts being covered for a day or two, are injured as suppuration may follow, and the pus stagnates and runs into the bandage: in damp weather it becomes *moist* and *soft* in the rain; it is, therefore, necessary to have ready-made *capsules* of starch bandage, and the so-called *movo-amovible* bandage, which often do not appose sufficiently, and cannot therefore replace manual extension.

Recently gypsum bandages have been suggested in Belgium, but their application, according to Dr. Mathieson and Van De Loo, is troublesome, and takes much time, so precious on the battle-field. This bandage is not lasting, its preparation and preservation still

more difficult than that of Scutin's starch bandage, much more preferable and practical is the preparation and application of *gypsum bandages*, as made by Pirogoff,* and used by him to the greatest extent with the best results.

The gypsum bandage is, *on the battle-field*, in many respects preferable to the starch bandage.

The gypsum solution requires but *cold* water, and turns *hard* as soon as applied, and replaces therefore *immediately* manual extension, and neither machines nor apparatus are required for that purpose. The dry gypsum bandage becomes so hard, that *no* splints are required, even if large windows are made, and transporting of the wounded soldier is, *immediately* after the application of the bandage, possible without injury.

The gypsum bandage is *simple* and *cheap*, as it consists of old *coarse linen* and *gypsum ;* its application is simple and quickly made. The gypsum bandage replaces manual extension *perfectly*, the assistants need only for *a few minutes* keep the limb extended after the bandage has been applied, then the gypsum bandage is *stiff* and *hard* enough to retain the ends of the broken bone in the position given to them. Their displacement is *impossible* as long as the swelling does not diminish, and a *considerable* interspace is not formed between the limb and the bandage. Thus the gypsum bandage renders superfluous all machines for extension, as required, while the *starch bandage* becomes *dry*. Only by the application of the gypsum bandage in *oblique* fractures of the *thigh* it is necessary to fix the pelvis, and to retain the limb extended by means of a *bed-table*, and by weights attached to the extremity.

More apparent yet are the advantages of the gypsum bandage in oblique fractures, where the ends of the broken bone are *distant* from each other, in compound fractures and generally everywhere where it is necessary to keep open a wounded spot.

In Pirogoff's mode of applying the gypsum bandage, the openings (windows) may be made *at once*, through them it is possible to view the position of the broken ends, the excoriations and wounds, and the curative process may be watched in its course.

The gypsum bandage does not contract like the starch bandage, interspaces form *slower* between it and the leg, as in the gypsum bandage the interspaces depend upon the *decrease* only of the swelling, and not like in starch bandages also, from unequal hardening of the bandage, and then again it does not become moist and soft in rainy weather.

In complicated fractures the pus may be discharged, and find exit through the large windows made, and does not burrow itself *under* the bandage as is common in the *starch* one.

Wet dressings are applied *immediately* on the wound itself. The gypsum bandage becomes hard immediately after having been ap-

* Prof. of Surgery in St. Petersburg, (Russia.)

plied; wounded soldiers may therefore be safely transported *immediately* after application of the gypsum bandage, from one place to another, even in the rain, without the bandage being disturbed, although the gypsum bandage may appear *wet* externally, which sometimes lasts for a few hours.

The gypsum bandage may therefore be cut through immediately after the application in the interspace of the splints, if that should be required, in consequence of too great a pressure or pains, &c.

In the battle-field, as well as in the hospitals, for transportation of the wounded soldier in the treatment of complicated fractures, with great dislocation of the ends of the fractured bones, the gypsum bandage is preferable *to every other* kind of bandages.

Requisites necessary for the application of Gypsum Bandages in the battle-field as well as in the hospitals.

1. Long, old hospital stockings made of linen, cut in front along the seam, (if the seam is behind the stocking it must be turned and cut); old drawers also cut along the seam, and divided for one or the other limb; sleeves of old shirts, (or instead of those long linen flaps cut in the form of stockings); drawers or sleeves; jackets or old vests, abdominal bandages covering the body once and a half; for fractures of the bones of the rump, pelvis, and of the neck of the thigh bone.

These pieces of linen used for surrounding the limb must be *equal, soft* and *dense*. All seams must be removed.

2. *Cotton* or cleaned soft *flax*, *pads* filled with soft material, lint or flax for filling up, (for instance, around the trochanters, around the malleoli in the popliteal region, and around the achilles tendons) simple and graduated compresses.

3. *Splints* of different dimensions in regard of length, width and thickness, made of old coarse *sack linen*, as used for instance in hospitals for mattrasses or straw mattrasses.

The old sack linen is folded twice, thrice or four times, to the width of two fingers to one-third of a yard. The splints must in fractures of the leg, the upper and forearm, exceed at least one-third of a yard the fractured bone, and in fractures of the *thigh*, and that of the neck of thigh it must be one-third of a yard longer than the *whole* extremity.

4. Strips (compresses) of the same linen from two inches wide, and of such a length as to surround the limb once or twice; they are calculated to fasten the splints, and are called *transversal* stripes (Pirogoff.) These transversal stripes may be made also of fine linen, if the bandage should be a light one.

5. Plaster of Paris (gypsum) in form of fine powder and well dried. For the application of a bandage, never less than 2 lb. have to be used (as for fracture of the forearm,) nor more than 7 lb., as for fracture of the neck of the thigh bone.

6. A vessel with cold water. The gypsum solution should not harden sooner than in five or eight minutes, in order to allow the application of the bandage. Although hardened, it still looks wet from the evaporation of the water, out of the bandage painted over with gypsum solution, and the patient may safely be carried with it.

7. *Large brushes* as used by house painters.

Besides those necessary requisites in hospitals, may be used finer linen rollers for simple fractures and splints made out of pasteboard, and for complicated fractures, with large wounds, *splints of wood*, of different dimensions, together with pads attached to them on both ends, and also a few pieces of sheet iron or tin may be held ready.

II.—The Application of Gypsum Bandages,

Is made in the following way:

The injured limb is first surrounded with dry linen, a sleeve, a linen stocking, or with half a drawer.

Bony prominences must be wadded, and hollows filled out with cotton. The linen surrounding it must not be too thin, nor have holes in it, in which case the linen must be doubled, or the limb first covered by cotton. If this is not done the moisture presses to the skin, and the patient complains of a cold or burning sensation.

2. The broken limb is put in the required position, the extension is then made, and the fractured ends then approximated. Sometimes it is necessary to begin with the reduction, and subsequently follows the surrounding of the limb.

3. The splints and the transverse strips of sack linen, each three or four times folded, are put near the patient *in that* order as required to be later applied to the limb.

An assistant prepares the solution of gypsum, and paints with it the splints and strips, or rather dips them into the solution and brushes them with it.

The proper application of the bandage depends now upon the gypsum solution. If the solution be too *thick* it dries *quick*, the splints and transverse strips are not *united* firmly together: nor are the splints firmly fixed if the solution be too thin. When the solution becomes denser, water must not be added to it, as the solution becomes through it creamy, is not imbibed by the linen, cannot be smoothed, does not adhere, and takes a long time to become dry.

5. The splints and strips of linen must be dipped in the solution, which I now prepare by adding to two pounds of water the equal weight of gypsum. They must be extended and swinging free, and must thus be brushed over on both sides with the gypsum solution as you see it here.

6. The splints must be applied longitudinally to the limb, and must be fixed by the transverse strips, carried around both the limb and splint. The transverse strips are applied in pairs, so that the one should cover the other partially.

The splints may be applied in such a manner that the one should cover the other partially, or, what is preferable, in such a way that between the splints should remain a free open space on *the side* in *front of*, or *behind* of the limb. The assistants producing extension must continue to do so until the bandage is *hardened*—i. e., about eight minutes after the gypsum bandage has been applied. During its application the limb must be kept extended free, in order to be accessible from all sides. The splints must be pressed firmly to the limb by the hand. The *transverse* strips must be drawn firmly and tightened around the limb, and by the hand or brush well covered with gypsum solution, in order that all prominences and hollows should be equalized. In oblique fractures and dislocations of the fractured ends, at least two layers of transverse strips are necessary. But if the bandage has yet to be removed, it is necessary—

1st. To apply the splints so as to leave a space between them.

2d. The transverse strips are covered from the middle (where about the extent of two inches remains uncovered) towards their ends with gypsum solution.

3d. The transverse strips are applied so that the uncovered part should correspond in its situation to the longitudinal interspace between the splints.

In the field it is necessary to have arranged, before the application of a bandage, all requisites in one package for each fracture separate. Thus, for fracture of the forearm the bandages should be separate from those for fracture of the leg.

ENGLAND.

Notes on the diseases most commonly treated at the Scutari Hospitals.

The notices which I have seen in the Medical journals of this country, of the diseases most prevalent in the army of the Crimea, have been very slight. It seemed to me that a short review of those diseases, noticing the chief peculiarities in their symptoms and treatment, might not be uninteresting to the profession in England. I am conscious that these notes are wanting in that scientific precision which is so desirable in Medical treatises, but which cannot be attained without careful, accurate, and copious case-taking. To take cases properly, however, was, in the circumstances in which the Medical officers of the army were placed in the winter and spring of this year, an impossibility. The patients were so numerous, the labor so great, and the air of the hospitals at Scutari so enfeebling, that to visit, examine, and prescribe for patients, in addition to the other duties falling upon a Medical officer, exhausted all their strength and ener-

gies, and too often brought upon them disease and death. The following observations therefore have no claim to rank higher than as Medical gossip.

I will commence with the most prevalent and the most troublesome of the diseases we had to treat:—

Dysentery.—There were very few, indeed, of the patients who were admitted into the Scutari Hospitals from the Crimea, whether from fever, scorbutus, or frost-bite, who were not suffering also, more or es, from this complaint. All the cases called diarrhœa, with hardly an exception, were, on close examination, found to be cases of mild dysentery. I never met with one in which the patient did not pass mucus, muco-puss, or blood from the bowels. Many of these mild cases were free from tenesmus. The symptoms of the dysentery were, in no wise, peculiar. There was only one point with respect to the character of the evacuations, which I had not seen noticed in systematic works. In addition to the mucous, muco-purulent,, purulent, shreddy, and sanguineous discharges, I often observed small, round masses, about the size of pistol bullets, which, at first sight, looked like fæces, but, on examination, turned out to be small pellets of mucus. These, when mixed with otherwise solid fæces, would, if mistaken give a very erroneous view of the extent of the disease of the intestine.

I might sum up my account of the treatment by saying that everything was tried, and that nothing succeeded. At least, I can say that I never cured a case, and I never saw a case cured. Those cases which seemed to get well recovered so slowly, and generally under such a variety of remedies, that the recovery could only in fairness be attributed to better food, greater cleanliness, and cessation from the work of the trenches. Opium, in some of its forms and combinations, certainly gave relief to some of the most distressing symptoms. It relieved the tenesmus, gave the patient frequently rest at night and lessened the action of the bowels. I used it generally inthe form of pil. saponis co., or pulv. ipecac. co. The use of opiate enemas or suppositories was frequently of considerable service. I have often known a patient whose bowels had acted previously eight or nine times a day, brought down to three or four by the use of these medicines. Acetate of lead was not successful, except in those comparatively rare cases in which there was profuse hœmorrhage. The whole tribe of astringents, including tannin, catechu, kino, etc., I found of very little benefit. I tried a combination which is often used in England, namely, a small dose, ʒi. or ʒss. of castor oil once a day, with one grain of opium two or three times a day. I was obliged, after several trials, to give up the use of this, as I invariably found that even the smallest dose of castor-oil so purged the men that they could not bear it. I may remark, *en passant*, that the same was the case with cod-liver oil. Of the numerous cases in which I tried it, only one man could take it, in consequence of the purging

it brought on. It was not the fault of the oil, which was of the best quality, and supplied by Savory and Moore. The Indian bael, which has been so highly recommended for dysentery, was never tried at Scutari, as there was none in store. Ipecacuanha was frequently combined with other medicines, and in some cases used alone. I never preceived any beneficial effect that could be fairly traced to the action of the drug. The use of an enema of nitrate of silver in the following form :—R. Argenti nitratis gr. x., aquæ dist. ℥ii., was of remarkable use when administered at bed-time in procuring for the patient an undisturbed night. This form was communicated to me by 2nd Class Staff-Surgeon Dr. Lang, who has used it extensively in India with great success. It seems to act by allaying the irritability of the ulcerated rectum.

Scurvey, or Scorbutus.—Such was the name given to a disease, of which the following were the leading symptoms. A patient, frequently admitted on account of dysentery or frost-bite, often of a plethoric appearance (presenting thus a remarkable contrast to most of the cases), had about the trunk and lower extremities, more frequently the latter, seldom the upper extremities, an eruption of elevated flattish dark purple, hard nodes from the size of a four-penny piece to that of a half-crown. These nodes were generally covered with a thin scab , and, in some cases, were ulcerated. In addition to this, in some cases, on the calves of the leg were indurated nodules, not discolored. In some cases the gums were spongy, and bled when touched, in others nothing, except a slight redness around the tooth, was perceptible. These symptoms were nearly always coincident with rheumatic pains in the limbs and joints, of a most intractible character. Œdema of the feet and ancles was also a very constant symptom. The state of the urine, for reasons mentioned hereafter, was not ascertainable, a circumstance very much to be regretted. This assemblage of symptoms was called by some scurvy; others asserted that it was not true scurvy, but only a peculiar development of syphilitic poison, as, of course, all the men had had syphilis. As I had never seen a case of true scurvy in my life, and had never heard the disease described by any one who had, I was rather puzzled by these contradictory opinions of my superior officers. Lemon juice, potatoes, and oranges were freely given, but, certainly, without the effect of curing the disease. On the contrary, no progress seemed to be made in many cases, although the system was persisted in for several weeks. Liquor potassæ was recommended by the principle Medical officer, and was accordingly tried. Some cases certainly improved under its use, but I found more benefit from iodide of potassium and decoction of sarsaparilla than from anything else.

Fever.—It is well known that during the winter and early spring, while the Scutari Hospitals were so much crowded and so dirty, a peculiar form of fever broke out which proved fatal to great numbers

both of patients and Medical officers. Even after the removal of the dirt, the wards still continuing very crowded, and especially by bad cases, patients were constantly attacked by a form of continued fever. My experience of this fever dates only from the commencement of March. At that time the Hospitals were beautifully clean, and with the exception of the privies, as well arranged for the comfort and convenience of the patients as any London Hospitals. But still the fever hung about the place, assuming, according to the accounts of some of the Medical officers, a very serious and dangerous character, and according to others (myself among the number) being a very tractable and simple disease. According to the former the disease was ushered in by rigors, with violent head-ache frequently, or by sickness, or by epistaxis. The usual febrile symptoms then followed, speedily becoming complicated with violent delirium, black tongue, feeble, rapid pulse, and great prostration of strength, ending frequently in death. The disease, as I saw it, was ushered in by the symptoms enumerated, but pursued a totally different course. The patient complained of great languor, lassitude, aching pains of the back and limbs, generally head ache. The skin was hot and dry, the pulse accelerated, the tongue coated, sometimes dry, very rarely brown; there was thirst, anorexia, and frequently considerable restlessness at night. Occasionally, but not often, there was slight delirium at night. This state of things continued, getting neither much better nor much worse, for a week or ten days, when the febrile symptoms generally somewhat suddenly abated, and the patient gradually recovered his former state of health. Relapses were exceedingly common, the same patient being not unfrequently attacked two or three times by the fever.

On comparing notes with my friends I found that, without exception, those who had the first-mentioned class of cases were in the habit of treating their patients with quinine from the first, giving a large dose (gr. x.) to begin with, or else of administering wine, beef-tea, bark, and ammonia, almost or quite from the very first; on the other hand, those whose cases were of a milder character, generally commenced their treatment by the administration of an ipecacuanha emetic, and if this did not cut short the disease, they adopted a mild antiphlogistic treatment. A saline effervescing draught was given, with, perhaps, liquor ammoniæ acetatis, a milk diet, with a light pudding or some arrowroot, and a small quantity of beef-tea alone was allowed. Oranges and Lemonade as drinks. If the tongue became dry, a few doses of hydr. c. creta and carbonate of soda almost invariably improved it, and relieved the other febrile symptoms at the same time. A dose of Dover's powder was frequently of use at bed time. Under this plan of treatment followed by tonics and wine when the fever had entirely gone, I never lost a case: while a friend of mine assured me that his cases absolutely required a different plan of treatment, as he lost about one in five! To this young

gentleman who always commenced his treatment by gr. x. of quinine as he was only a Dresser, and possessed no qualification, I ventured to hint an opinion very prevalent among those who adopted the antiphlogistic or rather the expectant plan, that his exceedingly active treatment was the cause of the disease assuming such a severe form, He was not convinced however by my arguments.

Frost-bite.—The only point worthy of notice with respect to those very numerous cases, was, that it was found as a general rule, much better to allow the mortified parts to separate naturally than to remove them by operation. As the cut surfaces invariably sloughed, a greater loss of substance was occasioned by operative procedures and a risk of further gangrene occasioned.

Anasarca.—Frequently a patient suffering from chronic dysentery would be suddenly attacked with acute dropsy, the whole body swelling in the course of a few hours. The urine at the same time, was deeply coloured with blood. I greatly regret that owing to the want of a micriscope and of test tubes, etc., I can give no account of the state of the kidneys or urine in these cases. They terminated fatally sometimes, but often under the use of appropriate remidies they were cured—at least so far as the removal of the dropsy can be considered a cure—whether the urine contained albumen or not we were unable to determine. It was not until just before I left Scutari for the Crimea that a urinometer and test tubes were supplied to the General Hospitals. As for a microscope, I believe I was regarded as slightly insane by the senior Medical officers for making a requisition for such an article.

Cholera.—The symptoms of this disease offered no peculiarity, nor was there any novelty in the treatment adopted. The plan in most general use at Balaklava was the administration of two grains of calomel evey ten or fifteen minutes, copious drinks of water, mustard plaster to the epigastrium, hot flannels, friction of the limbs for cramps, etc. On one point the Medical officers were generally agreed, viz., that the administration of brandy, with other stimulants, was most injurious. The proportion of deaths was about 45 per cent. I think it is only right to state, though the calomel was ordered every ten or fifteen minutes, I believe it was never given so often; indeed it was a physical impossibility for the orderlies to administer the medicines in this way, and also perform their other duties. In several cases, where large quantities of calomel were administered, the patients passed blood per anum for some time after their recovery from the collapse. The system of treatment seemed not to cure the disease when the patient was once in a state of collapse; they recovered, or they died, entirely irrespective of the remedies administered. So firmly was I convinced of the perfect uselessness of any medicine, that I absolutely refused to take anything but laudanum. when I was attacked with cholera. The cramps occasioned such horrible pain that I begged for opium. I was however, tricked

into taking a scruple of calomel by a very kind friend who attended me, and who was quite of opinion that I owed my recovery to the dose. I believe I owed nothing to it, except salivation three or four days after.

The above were the chief diseases treated at Scutari; those which have not been noticed, presented no peculiarities calling for remark.

The patients were so weakened by improper food, hard work, and the other debilitating causes in operation in the Crimea, that active remedies were entirely contra-indicated. The great object was, by careful attention to diet and cleanliness, and by the use of mild palliative medicines, so to restore the strength as to enable Nature to work a cure herself.—*Med. Times and Gaz.*

Treatment of Pneumonia.

A writer in *L'Union Medicale* (No. LXXXII.), quoting the account given by Dr. Burkart, of the great benefit he has derived from the employment of acetate of lead in pneumonia, states that he can amply confirm it by the results of his own experience of its use, and especially in the aged. In the pneumonia of childhood and the adult, he has always preceded its employment by bleeding, antimony, and blisters. But there are cases in which these means either exert no effect, or, after a while, cease to do so, while in others the patient will not admit of bleeding, or antimony may not be tolerated. In such, lead will be often found a valuable resource, and the pneumonic inflammations, that hasten on the progress of softening in phthisis, may be often arrested under its influence. In the aged, defective power contra-indicates active bleeding, and the pneumonia in place of proceeding towards resolution, becomes complicated with abundant secretion, the patient dying from asphyxia, in consequence of his inability to expel this; even if the pneumonia be relieved, the convalescence is tedious and troubled. Antimony has less power over these cases, and is ill supported, while the lead gives rise to no dangerous consequence. Still, as a general rule, a local bleeding, and small doses of antimony should be first prescribed; but, if amendment be not very prompt, or debility commences to appear, the lead should be exchanged for the antimony. In other cases, in which the reaction is less at first and the debility of earlier occurrence, the acetate may be given from the beginning. When resolution is very tardy, a large temporary blister will often give the first impulse to a movement that the acetate will continue. The period of convalescence is much diminished, by supplying the patient with a sufficient nourishment when the appetite returns. The mean dose is four or five grains in the twenty-four hours, this being increased, in rare cases only, to six or seven. It may be given in solution in distilled water, with syrup, or in pills, adding opium only when there are indications for it. It must not be omitted for colicky pains

and temporary constipation, which are usually relieved by lavements. The author has continued it for three or four weeks without any ill effects being produced, although the characteristic blue color of the gums has been present.

Dr. Richter reports in the Berlin *Medecin. Zeitung* (No. XXXII.) that Staff-Surgeons Drescher and Lemke, after repeated trials, quite confirm the favorable accounts that have been given of the efficacy of chloroform inhalations in the treatment of pneumonia and bronchitis. In their mode of employing it, thirty drops of chloroform are poured upon a piece of closely pressed wadding, a finger or two in breadth which is wrapped up in another piece of wadding and held half an inch from the patient's nose for about five minutes. This is repeated every hour, until some remission of the symptoms occurs, when twenty drops are inhaled every second hour, until convalescence is established. The subjective symptoms—as constriction, pain, irritating cough—are usually diminished, even after the first inhalation, and entirely disappear from the second to the fourth day. At the same time the sputa lose their bloody admixture, remaining tough, however, until about the fourteenth day, when they disappear, as well as the cough. The frequency of the pulse is diminished by the second day, descending, in a case of double pneumonia, from 120 to 80. Sweating generally sets in after the first inhalation, and never later than the fourth or fifth. As regards the duration of the disease, complete recovery, so that the patient can be discharged, does not seem to take place more rapidly than under treatment by bleeding. The preferability of this treatment arises from its simplicity of application, its applicability in cases in which, from the character of the disease, or the individual, depletory treatment is forbid, and the rapidity with which the distressing symptoms are relieved, and convalescence is commenced—the patient being enabled to leave his bed by the fourteenth day.

M. Fournier (*L' Union Med.* No. XCIX.) furnishes an account of the success M. Aran has obtained from the employment of veratrine. The hyposthenising effects of this drug seem to have been exaggerated; for in the 41 cases in which he has seen it given, in quantities of from two to three or even four centigrammes, divided into six doses, in the twenty-four hours, no alarming prostration, excessive vomiting, etc., have been observed. Of these patients a fifth part only were females, and the bulk of them were between 24 and 36 years of age, many being persons of feeble constitution. The majority came in about the fourth or fifth day after the invasion of the disease, and the next day red hepatization was almost always recognized. With the exception of three or four, they all exhibited active febrile reaction. In about one half the cases, soon after taking the medicine, a deep-seated burning near the spine, and a peculiar sensation at the epigastrium are complained of. Although in a few cases there was no vomiting, this occurred in the others upon an average from three to five times during the first day, tolerance soon

taking place, and a peculiar nausea continuing for several days. No active purging resulted from these doses.

The effect on the pulse was constant and sometimes immediate. In twenty-four hours this fell by 15 to 36 beats, and there was the curious phenomenon of an eminently febrile acute affection coexisting with an apyretic condition of the circulation, the pneumonia still pursuing its course, as ascertained by auscultation. The pulse descended to 60 or 70, or even sometimes to 56 or 48, and took several days to reassume its normal frequency, even when the medicine was suspended; it not being uncommon to find it only 55 or 60 during the early period of convalescence. Its character was also changed, it being less strong and more depressible. That this condition of the pulse was not the result of the emetic power of the drug, was seen in the fact that it prevailed in cases where no vomiting was present, while in others it was not proportionate to the amount of vomiting. The temperature of the body was constantly diminished by 2° or 3°, never, however, descending lower than 96°.8; the skin also remaining constantly moist. A notable languor followed the taking of the medicine, being more than a simple sedation, but less than true prostration.

It was, however, not alone upon the febrile condition that the veratrine exerted its power, but also upon the local disease itself, as shown by the changed position of the respiration, cough, expectoration, and physical signs. In more than two-thirds of those cases the respirations were diminished by 4, 8, 10, 12, 14, or even more per minute on the first day—such diminution of the frequency of the respiration being much more in unison with the diminution of the pulmonary lesion than the lessening the number of the pulse was. Whenever a diminished number of the pulse contrasted with a stationary or increased number of respirations, the local disease was of a very menacing character.

Veratrine given alone suffices for the cure of pneumonia; and of twenty-three cases so treated, some of them being severe, twenty-one recovered, resolution usually occurring on the fourth day. The great success, however, that attended bleeding in the rare cases that resisted veratrine alone, induced M. Aran to try the effects in severe cases of commencing treatment by a *single* bleeding. The rapidity of the cure of cases so treated has been remarkable. The veratrine treatment is especially applicable to primary simple pneumonia, occurring in rigorous adults, and is not so well suited for the adynamic forms of the disease.

Editorial.

THE LIKENESS OF DR. DANIEL DRAKE.

Under the belief that a likeness of Dr. Drake would be acceptable to the readers of the *Lancet*, (many of whom are his pupils, and we hope all are admirers of his genius and worth,) we have had a Lithograph drawn, to appear in this number, the first of the seventeenth volume. Those who are familiar with the original, will at once recognize in this likeness the full expressive brow, the high, expansive, intellectual forehead, the penetrating eye and compressed lips, that, when opened and animated, give utterance to volumes of instruction.

It is a pleasing and profitable pastime to contemplate the intellectual proportions of those noble specimens of our race, who have exhibited, in their lives, the full development of that attribute of man which places him on the highest point in the scale of animated Nature, and elevates the favored son of genius above the common ranks of men. To dwell upon their excellencies, and trace in history the successive upward steps that have marked their progress from obscurity, to a point so high and luminous as to be seen and admired by the world, is a great stimulus to the young who aspire to honor, usefulness and fame. A properly directed spirit of "hero-worship" is, therefore, the best guide that we can follow, if we desire to obtain superior excellence in any pursuit in life.

Dr. Daniel Drake was born in the State of New-Jersey, on the 20th of October, 1785, but at the age of two years he accompanied his father's family to the State of Kentucky, where he was reared in the midst, and partaking of, the toils and hardships of a pioneer life.

With a limited preliminary education, he commenced the study of medicine under Dr. Goforth, of Cincinnati, in 1800. He attended one course of lectures in the University of Pennsylvania in 1805, but did not attend the second course and obtain a degree until 1816.

The idea of establishing a Medical College in Cincinnati, originated with him soon after his return from Philadelphia with his diploma; but the numerous difficulties in the way of this new enterprise, in a new country, were not overcome until 1820, when the

founding of the Medical College of Ohio, and the Commercial Hospital, was effected as the result of his persevering energy and talents. In this Institution he lectured only two sessions at this time: leaving Cincinnati, he accepted a Professorship in the Translvania University in 1823, and removed to Lexington.

In 1826, he resigned his chair in the Transylvania University and returned to Cincinnati, where he commenced a journal entitled the "Western Journal of Medical and Physical Sciences."

After spending three years journalizing, he went to Philadelphia and lectured one session in the Jefferson Medical College.

Returning to Cincinnati, he established the Medical Department of the "Miami University," in the fall of 1831; but resigned the position that was awarded to him by the Trustees, after giving one course of lectures.

The Cincinnati College was revived in 1835, and Dr. Drake accepted the chair of Theory and Practice in the Medical Department, which he occupied during the four years of its existence.

At the dissolution of the Cincinnati Medical College he accepted a Professorship in the University of Louisville, which he retained till 1849. During this period, of about ten years, he was actively engaged in collecting and arranging materials for his great work on the "Principal Diseases of the Valley of North America," which was published in Cincinnati in 1850.

Resigning his Professorship in the University of Louisville, he returned again to Cincinnati, and was appointed Professor of Theory and Practice in the Medical College of Ohio. Here an inscrutible Providence decreed that he should give but one course of lectures. On the 26th of October, 1852, he became slightly indisposed, which gradually increased in severity till the 5th of November, when his brilliant but diversified career was terminated by a cerebral disease.

At the time of his death, the second volume of his work on the diseases of North America was in an unfinished state; but a large portion was in manuscript, ready for a last revision and publication. This task was reserved for other hands, and the book was not published until 1854.

We have given a very brief chronological outline of the medical history of one of the most distinguished medical men that has lived on the American soil. For a complete history of his life, our

readers are referred to the "Eulogy by Dr. Gross," and to the "Memoirs of Daniel Drake, M. D., by Mansfield."

☞ Since sending an urgent solicitation to delinquents in the last issue of the *Lancet*, so many have kindly responded to our call, that we are flattered with the hope that very few names will have to go into the hands of a Collector, A good number have sent in their dues, which were thankfully received; others have asked for further indulgence, which was cheerfully granted, for it is not our object to oppress any; but a few yet remain silent, and from those we are still anxious to have a word. We know the difficulties that young men in the profession have to contend with, for we have travelled the same road:—small means, heavy expenses, slow paying patients, or those that do not pay at all,—make it inconvenient for them to remit even the small sum that would square our account with them. Yet postage is cheap, and a letter similar to the following from each delinquent would encourage us to wait patiently for the "good time coming:"

"Dear Sir, * * * * * *

I ought to send you six dollars, which is due you for the *Western Lancet*, but I cannot at this time: my practice is small and I am a new beginner, but I will send you some money as soon as I can. I would like to have the *Lancet* continued; but it is poor encouragement for you to send it unless I pay up. I do not want my account in the hands of a Collector if it can be helped. * * * * * * Send on the *Lancet* if you think you can venture it.

Yours, with respect,

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Now we have so much confidence in the ultimate success of the plain, straightforward honesty that is indicated in this letter, that we are willing to stake not only the past but the future upon it, not only in this instance but in any other where the facts are as frankly expressed. It is our aim to encourage rather than embarrass any young men who are about commencing their professional career; and no stronger evidence can be given of the bright future that is before them, than an exhibition of manly honesty, and a desire to keep posted in the literature of their profession. We are not afraid, but, when success is attained, and they have triumphed over the ragged mountains that surround the "El Dorado" of their hopes, they will give us substantial evidence of their remembrance.

☞ We can supply our subscribers with missing numbers from the two volumes of 54 and 55. We have on hand but few numbers of 53,—some of the monthly issues of that year being entirely exhausted. New subscribers can be supplied with complete volumes of 1855.

☞ According to an established custom, we send specimen numbers, at the commencement of the year, to many gentlemen who are not subscribers, hoping thereby to secure their patronage. We respectfully invite all who are not subscribers, receiving this number, to examine its pages and our terms, and then send us permission to place their names on our list.

COMMERCIAL HOSPITAL.

Perhaps at no time since the organization of this benevolent Institution—one of the oldest of the kind in the West—has there been greater interest in the variety of cases presented, and the clinical teaching, both medical and surgical, than during the present session of the Medical College of Ohio. The Amphitheater has been regularly crowded, on clinical days, by students and physicians, all of whom concur in testifying to the rare advantages it affords for the study of Clinical medicine and surgery.

We are rejoiced to see the increased impulse given to Cinical teaching in Cincinnati, it augurs well for the future; and, by securing reports of Lectures, we hope to add greatly to the interest of the *Lancet* during the present year.

Many very important surgical operations have been performed reports of which will appear in a subsequent number of our journal.

Miscillaneous.

Inhalation of the Tincture of Iodine with Chloroform. By M. Titon.—This new preparation is a solution of iodine in chloroform; it dissolves the iodine even to complete saturation in the proportion of twenty to one hundred. This solution, containing the fifth part of its weight of pure iodine, is of sufficient density to preserve it under water, and is of a deep violet color, with a fine purple reflection. Its richness in iodine, its form (that of a diffusible stimulant) are all conditions the most favorable to the perfect action of the iodine; on the other hand the dissolution being perfect, the molecules of the metaloid are, so to speak, imprisoned in the vehicle. And this is demonstrated by dropping a few drops in a test tube filled with urine, water or saliva, when the drops fall to the bottom in a spheroidal form; and whether the liquid previously contained the appropriate reagent, or whether it is subsequently added, there are no traces of iodine of starch. If, on the other hand, we cover the mouth of a bottle holding the choloroform tincture of iodine with a starched paper, upon which, either before or after, a drop of nitric acid has been placed, a blue tint is immediately apparent upon that part of the paper impregnated with the reagents, and this result is more or less hastened if the bottle is warmed, or otherwise by the

heat of the hand. We have here, consequently, a proof that the vapors of chloroform, otherwise recognizable by their agreeable odor, are charged with iodine vapor. This perfect solubility and volatility which pertain to the two bodies individually—less, however, than those of the pure chloroform—warrant a rapid and complete absorption; and the direct proof of this absorption is found in the elimination of the iodine by the secretions. Ten minutes after an inhalation of five minutes, the iodine was detected in the saliva, and in fifteen minutes in the urine.

The chloroform solution of iodine may be used by every means of inhalation. M. Titon generally employs a phial, which is held to one of the nostrils for two, four, or ten minutes; and the evaporation is hastened by shaking the phial or holding it in the hand. The first inspirations produce a feeling of calmness and ease, without occasioning the suffocative symptoms at times attending the inhalation of pure chloroform. The respiratory action is carried on with more freedom. In from four to six minutes the patient feels in the nose and throat an extremely pungent sensation, which rapidly disappears the moment the inhalations are discontinued. The pungency can be obviated in inspiring the vapor in a less concentrated form, in breathing from time to time in a little fresh air. There may be felt after several inhalations a slight degree of pressure about the temporal regions, which disappears rapidly. Following the sedative action, manifest when the inhalation is commenced, there is an increase of energy, the vital forces are also increased, and the quickness of perception and sensation announces that the absorbed iodine has carried its action to the nervous centres, from which it reflects a salutary influence upon the whole system. Iodine, administered in this manner, possesses evidently two advantages; in the first place, the quantity may be graduated *ad libitum*: the contact of the portions, intermitting like the inspirations, the susceptibility of the organs, in allowing the duration of the treatment to be prolonged; and then the absorbing surface is of more extent certainly than by the gastro-intestinal mucous membrane.—*Bulletin de Therap. Stethoscope.*

Excisions of Joints.—On a recent occasion, Mr. Fergusson submitted to the inspection of the pupils of King's College Hospital, a number of patients on whom excision of the various joints had been performed from time to time, and took the opportunity of making some valuable remarks upon the improvements which had been made in this department of surgery, and upon the individual cases now submitted to notice. He first made some observations upon the introduction of excision of the elbow joint, in the place of amputation through the arm. Passing a eulogium upon Professor Syme for the part he had taken in introducing and recommending the operation, he observed that it was not followed out even yet, as it ought to be, notwithstanding its acknowledged superiority

over all other modes of treating incurable disease of that joint. As illustrative of these remarks, two patients were introduced in whom excision of the elbow-joint had been performed, in one of which it had not been done more than ten weeks, and yet the patient (a woman) had already got an excellent arm.

Mr. Fergusson stated that, in reference to this proceeding (in the elbow), there was now no question in the mind of any surgeon; but in the instance of some other joints, there had been much controversy, and he would now draw their attention to a case where he had performed the operation of excision of the head of the thigh bone several years ago with the most complete success. [The individual on whom this operation had been done, was brought into the theater; he was a fine healthy young man, and walked with the greatest facility, and stated that he sometimes walked sixteen miles in the day]. He was particularly glad at being able to show them this patient, inasmuch as some very erroneous remarks had been made in reference to the propriety of this operation. Mr. Syme had, in his lectures in the *Lancet*, recently published, stated that, if the head of the thigh bone had been taken away with success, the limb could not be of any use for the support of the body; but those who now had the case before their eyes could see for themselves how gratuitous such an assertion was.

Three patients were next brought forward, upon whom excision of the knee-joint had been successfully performed. The first was a fine healthy woman, who had undergone the operation about two years since; a perfect anchylosis had taken place, and by the help of a high boot, well fitted to the limb, she walked with the utmost facility. The second was a little boy who had undergone the operation twelve months since, and could also walk, even without artificial assistance, with great facility; and the third case was also a lad upon whom his friend, Mr. Henry Smith, had operated nine months since, under the greatest disadvantages; but here also, as the pupils could see, the patient had made an excellent recovery, and could walk about with the same facility.

Mr. Fergusson made some lengthened remarks upon the operation in question, and stated that although, to his regret, most unjustifiable and unhandsome remarks had been directed by Mr. Syme against the promoters and pursuers of this mode of treatment, the proceeding had been followed out by several surgeons, and the success was so admirable that, notwithstanding the veto of the Edinburgh Professor, the operation was now fairly established; taking the opportunity of eulogizing Mr. Jones, of Jersey, and the late Dr. Mackenzie, for their efforts in this direction, he concluded his remarks by stating that he hoped his puples would endeavor, in fitting instances, to follow out the same line of practice, for which they had ample authority in the cases he had just had the pleasure of bringing before them that day.—*Med. Times and Gaz.*, Aug. 18 855.

WESTERN LANCET.

EDITED BY T. WOOD, M. D.,

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Original Lectures, Essays and Communications.

Vesico-vaginal Fistula. By S. D. THOMAS, M. D. *of Pittsburgh, Pa.*

Mrs. M— M—, of Paris, Portage Co., Ohio, was delivered in the winter of 1848–49, after a protracted labor, with instruments. Her recovery was slow, with incontinence of urine, which last trouble continued until she was operated upon, being something over three years.

In the fall of 1849 I treated her through a short course of fever, at which time I learned her condition. I instituted an examination, and discovered a vesico-vaginal fistula of the fundus of the bladder, barely admitting the point of the finger. On my last visit I proposed to operate, and explained my plan to her, but she would not consent.

In the fall of 1851 she was confined again, had a comparatively easy labor with breech presentation, as I learned of the attending physician.

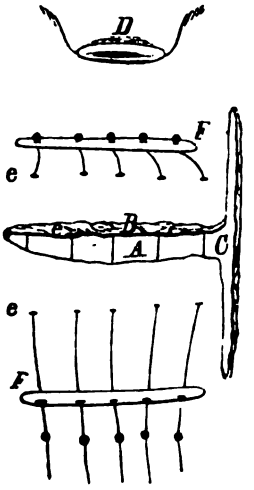
Late in the winter of 1851–52, I was requested to visit her. For over three years, she told me, she could not retain

her urine for any time. From her head to her heels on the back of her person was one continuous crop of pustules, and she said could not mingle in society in this loathsome condition, and had rather die than live so any longer, reminding me of my suggestion made two years and six months ago. She is now determined to undergo any thing that is radiant with hope.

She expected to menstruate in a few days, and therefore two weeks from that day was set for the operation. I gave orders to have the bowels cleared for three days prior. I invited Drs. James Bronson, and Homer Earl, of Newton Falls, and H. Pratt, of Ravenna, to assist. When we met, we stood even, two for, and two against operating; however, she having the casting vote, the question was carried in the affirmative.

She was placed on a table on her knees and chest, her arms under the face, made as easy as possible with pillows, assistants raised the nates and labia upwards and outwards; then by introducing a scoop-like plate to support the perineum, the fistula was brought into view. (See Fig. 2.) It was not the small opening of old, but large enough to admit two fingers, with the right side extending deep into the tissues of the pelvic wall, ulceration having taken place in that direction with adhesions. This enlargement was caused doubtless in the last labor. I gave notice of this unfavorable condition to the patient, still she was firm and resolute. I therefore proceeded with tenaculum and knife, and pared the edge of the opening from about a third of an inch of its border externally, to its vesical edge internally, making a raw surface of full half an inch, lining its whole circumference, excepting at the above spoken of attached and ulcerated portion, which was scraped with the knife till it was fully abraded; then two incision slits were made from it, about half or three-fourths of an inch long, one directly upward, and the other directly outward or downward. Then with a long

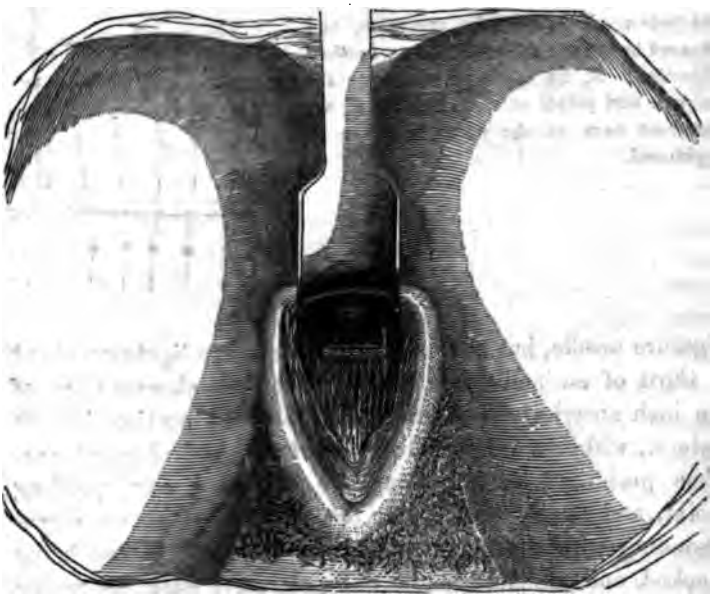
needle with an eye close to the point, something like a



A, Fistulous opening. *B*, Lips of the fistula pared off. *C*, The portion which was adherent, and extending into the tissues of the pelvis; scraped in the operation, and covered by splitting the vagina in a vertical direction. *D*, Os uteri. *e*, *e*, Shows the sutures and points of entrance. *F*, *F*, are the lead bars on the wires ready to be tightened.

ligature needle, but not so much curved, five ligatures about a third of an inch apart, were passed from about a third of an inch anteriorly to the edge of the pared portion through into it, within a trifling distance of the vesical membrane, then pushing it into the opposite side at a corresponding point, and finally bringing it out at a point above, corresponding with the point of introduction; the thread being looked, and one end brought out externally while the needle was withdrawn. These five ligatures were replaced by as many silver wires, by fastening a loop of fine silver wire to the distal ends of silk, then pulling on the proximal ends of the silk thread, carrying the wire up on the handle of a knife. Finally a round lead bar was fastened to the distal extremity of the wires by passing the wires through holes in the lead bar rather closer together than the perforations in the soft parts, so as to contract the wound in its length. Then small shot were pinched fast on the wires, none of the points being left to protrude; the bar was then carried in a

pair of forceps so that it lay over the distal side of the wound. A similar bar was pushed up on the proximal end of the wires against the soft parts, till the scarified edges were brought firmly together, then small shot were passed up on the wires and pinched fast close to the bar, making it firm in its position. The edges of the incisions spoken of were also by this procedure, approximated to the wasted portion of the tissues from ulceration. This I then did, and still do consider



[This cut shows the position of the woman during the operation, and the appearance of the fistula immediately after it was completed.]

the most intricate part of the operation, for without these incisions it would have been utterly impossible to have approximated the parts at this point, without which the operation would have been unsuccessful. A silver catheter was introduced into the urethra, and a small quantity of urine passed, and continued to dribble away, the catheter being left in. Th patient was put in bed, half a grain of the acet. of morphia was given, and to be repeated as occasion required. A few crackers, I think five a day, was the diet

ordered, with pounded ice if thirsty. For the first thirty hours, owing to the rapid formation of urinary concretions on the catheter, I had much trouble with frequent calls that the catheter must be re-introduced, but on the second night the patient succeeded in introducing it herself; there was also trouble from hemorrhage, but it was finally stopped about the fifth day, by the persevering application of cold wet cloths to the pubic region. A piece of oiled silk was fastened to the mouth of the catheter, which carried the urine away, thus keeping the patient dry and comfortable. The bars were left in their places till the eighth day, when they were removed by nipping the shot off from the distal bar, then withdrawing the wires by pulling on the proximal ends that were enclosed in a pledget of cotton externally, the bars were then lifted out of their beds. Union had taken place over the whole extent of the wound, but there was a deep ulcer, caused by a roughness of one end of one of the bars; this was touched lightly with nitrate of silver, and the patient directed to continue in the recumbent position. After this, injections of a grain of the sulph. copper to the ounce of water were used daily. On the morning of the twenty-third day after the operation, there was some tenderness of the bowels, and I ordered a teaspoonful of castor oil, to be followed with a warm water enema if it did not move the bowels, which had to be administered once. After this a more generous diet was allowed, and the bowels acted sufficiently unaided by medicine. About the 30th day the catheter was left out for an hour at a time, but kept introduced through the night. 40th day was left out for the intervals of two hours, always introducing it before defecation, and the patient was allowed to sit up. I visited her occasionally till the 60th day, when I discharged her, well.

Last June she called at my office in Pittsburgh; her call was altogether unlooked for by me, as she lived something over 100 miles off. I suppose that I appeared to be somewhat agitated, fearing her trouble had returned, which it seems she understood, and before I could recover my composure to speak, she said, "don't look so inquisitive and discouraged at

me, for *I am perfectly well*, if I was not I couldn't be here, for I could not go to my next neighbor before my disease was cured."

A Statistical Table showing the Results of Brasdor's operation in the Treatment of Aneurisms of the Innominata and Carotid Arteries. By GEO. C. BLACKMAN, M. D., Professor of Surgery in the Medical College of Ohio; and Surgeon to the Commercial Hospital, Cincinnati.

It is not our purpose in the present communication to enter into a lengthy examination of the conflicting opinions which have been entertained by surgeons of eminence in reference to this operation.

ROUX in his "*Quarante Annees de Pratique Chirurgicale*, tom. ii., p. 34, deplores his own inexperience in the treatment of aneurisms, and especially his want of an opportunity to test the value of Brasdor's operation, which he seems proud to claim for French surgery. While he admits that the Hunterian operation forms a new era in the history of our art, he exultingly writes; "It was our Brasdor who first conceived the idea; it was he who first proposed the enquiry, whether the application of a ligature on the distal side of an aneurism might not produce the coagulation of the blood in the sac, the progressive condensation of the coagula, and the final obliteration of the diseased artery." (p. 33.)

We are not disposed to contest the claims of French surgery to this operation, but we have good reasons for asserting that had it not been revived and modified by Wardrop, of England, and tested by British and American surgeons, a just decision as to its merits could not even to this day have been formed. Indeed, the most zealous admirers of French surgery must admit, that so far as that of the arteries is concerned, it is, and has ever been, far behind that of Great Britain or our own country. The former, we believe, may justly claim priority in the ligature of the subclavion, aorta, external and internal iliac, and femoral (we speak of the *modern* operation), while to American surgery belongs the ligature of the innominata, left subclavian within the scaleni, and common iliac,

leaving to Hebenstreit of Germany the carotid; and the vertebral to Maisonneuve of France.

But what have been the results of the method, first proposed by Brasdor, and first most bunglingly executed by Deschamps, when applied to aneurisms of the root of the carotid or innominata?

[*Aneurisms of Innominata treated by Ligature of Subclavian only.*

Dupuytren	Died on ninth day.	Exhaustion, following cough and secondary hemorrhage.	Aneurism of subclavian, dilatation of innominata, and aorta.
Langier	Died month after operation.	Asphyxia.	Aneurism of innominata, dilatation of aorta, and obliteration of right carotid.
Wardrop	Died two years after operation.	Exhaustion.	Size of tumor and pulsations diminished, respiration improved.
Blackman	Died on eighth day.	Hemorrhage caused by jumping out of bed,	Tubular aneurism of innominata and arch of aorta. Left carotid and subclavian obliterated.

Aneurisms of Innominata treated by Ligature of Carotid only.

Evans. (of Eng.)	Recovered.		Tumor existed with pulsation, at the end of a year. Its progress arrested, not cured.
Mott	Died ab't a year after operation.	Asphyxia.	After death, no tumor externally, but internally, large as a double fist.
Mott	Died.	Hemorrhage.	
Aston Key	Died shortly after operation.	Vertebral arteries diminished in size, deficient supply of blood to brain.	Aneurism of innominata, and arch of aorta. Occlusion of left carotid.
Ferguson	Died on seventh day.	Pneumonia.	Tumor nearly filled with firm coagulum, carotid pervious.
Harrison	Died 29 months after operation.	Cause unknown.	Aneurism of innominata and carotid. Arch of aorta diseased. Right carotid dilated to seat of ligature, and plugged by firm coagulum.
Campbell	Died on 19th day	Pneumonia.	Tumor diminished. Aneurism of innominata and arch of aorta Dilatation of descending aorta as far as diaphragm.
Sutton	Died on sixty-sixth day.	Bronchitis, inflammation and suppuration of sac, opening into trachea.	Tumor diminished. After death, filled with purulent matter, and grumous blood. Firm coagula in right carotid and subclavian.

Aneurism of Innominata treated by Ligature of Carotid and Subclavian.

Pearn	Carotid Aug. 30., 1838, subclavian Aug. 2d, 1839.	Died three weeks after last operation, from pleurisy.	Tumor filled with firm coagulum, a channel size of artery, pervious.
Wickham	Carotid, Septbr. 25th, 1839, Subclavian, Decbr. 3d, 1839.	Died 2½ months after first bursting of sac, and 5 months after first ligature.	After ligature of carotid tumor diminished, and dyspnœa ceased for a while. Tumor increased after ligature of subclavian.
Ewart	Carotid and subclavian simultaneously.	Died in six days.	Obliteration of left carotid and right vertebral, brain supplied by left vertebral only.

NOTE.—We are unable to state to which artery the ligature was applied in the following:—

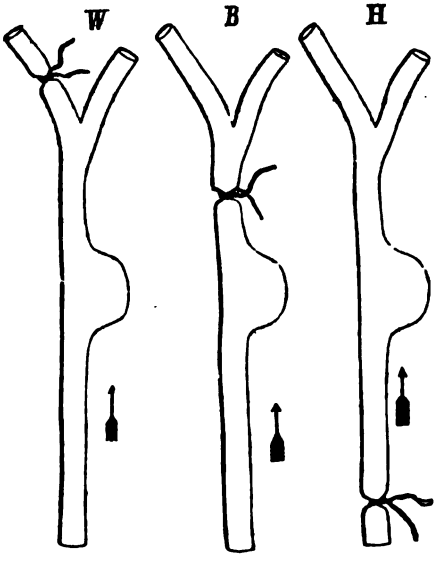
Bethell	Hemorrhage.	Died "in a few days."	Reported in the Gazette Medicale, 1839, p. 57, also referred to by M. Diday, *opicit*, Feb. 1845.

Aneurisms of Root of Carotid, treated by Brasdor's Operation.

Wardrop	Recovered.		Tumor diminished until fifth day, then suppurated and burst. Patient alive three years after operation.
Lambert	Died.	Hemorrhage from upper part of artery.	Tumor diminished after operation. Ulceration above ligature.
Bush	Recovered.		Tumor rapidly diminished after operation. Patient alive three years after operation.
Colton de Noyou	Recovered.		Alive and well three years afterwards.
Lane	Died on eighth or tenth day.	Inflammation and enlargement of sac, thoracic inflammation.	
Tillanus	Supposed aneu. at root of left carotid artery.	Died 5 months after lig. an. in arch of aorta.	Filled with white coagulum, and diminished in size after the operation.
Rigen	Supposed aneu. at root of left carotid artery.	Died 4 months after lig. an. in arch of aorta.	Filled with white coagulum, and diminished in size after the operation.

G. C. B.]

Our Table contains 24 cases, of which but 8 were treated on *Brasdor's* plan, while in 15 the operation was performed according to the modification adopted by Mr. Wardrop, and in one, Dolhoft; mode is unknown.



[*H*, Hunterian lig. between aneurism and heart. *B*, Bradsor's lig. above aneurism, i. e. on distal side. *W*, Wardrop lig. of one branch only.]

Mr. Miller in his Principles of Surgery, p. 543, Am. Edit., remarks that Wardrop's method contains "within itself the elements of certain failure," and yet we find of the eight cases of aneurism of the innominata thus treated, Mr. Evans' patient recovered, or in other words the progress of the disease was arrested, but the patient was not cured. One of Dr. Mott's patients died about seven months after the operation, and Mr. Morrison's survived some 20 months. Those treated by ligature of subclavian alone, including our own case, all died. It may be asked, why, in our case, the latter artery was selected? We reply, simply because compression on its trunk produced the greatest diminution in the size of the tumor above the sternum.

Brasdor's operation, as will be seen, has been most successful in the treatment of aneurisms at the root of the carotid; no less than three out of five having recovered. When applied to the innominata, its almost uniformly fatal results have been such as to justify in a great measure, Allan Burns' denunciation of it, as being "absurd in theory," and "ruinous in practice."

But in judging these operations we must remember that Brasdor's was designed for cases in which the Hunterian could not be performed, and that Wardrop's was proposed for those beyond the reach of either. The numerous failures of these methods, and the very great uncertainty attending the diagnosis of aneurisms, or pulsatory tumors just above the sternum, render it desirable that the surgeon should become possessed of some measure more effectual, and attended with less hazard to the patient. And we believe that a new era is about to dawn in the treatment of cases of aneurism at the root of the neck, or at other points to which the Hunterian operation is inapplicable. I refer to the "novel" proceeding adopted by Mr. Fergusson, in cases of subclavian aneurism, the principle of which we made known to the profession in this country, in our correspondence from London, for the American Journal of Medical Sciences,

April, 1847. In our communication dated Jan. 1st, 1847, we thus wrote:—In one of the most interesting and richly illustrated lectures on Aneurism, I have heard Prof. Fergusson, after relating several cases of spontaneous cure which had come under his observation, stated that he had been led from reflecting on what must occur in such cases, to suggest a plan of treatment which at first might seem to be by no means unattended with danger. A patient was under his care affected with an aneurism of the subclavian, on whom he expected soon to operate. The man was exceedingly fond of active exercise, and whilst engaged in swimming, he felt something suddenly give way in the part with a snap, and from that time all pulsation ceased, and the patient was perfectly cured. The cure in this instance, Prof. F. supposes arose from the dislodgement of a portion of the concentric layers of fibrin which is generally present in the aneurismal sac, and by which the current was obstructed, and the blood more readily permitted to coagulate. Now Prof. F. thinks we might often produce the same effect by suddenly grasping the tumor, and pressing it with much force, as we should thus effect a similar dislodgement. He does not believe that this method would be the cause of the rupture of the external coverings of the sac, as with the exception of these cases in which it is about spontaneously to burst, and in which it would be obviously improper to make such an attempt, these layers are of great strength. The success which has been attained by pressure in some of these cases, illustrates in a striking manner, the truth of the declaration made long since by the immortal Hunter, viz., that the force of the circulation being taken off from the aneurismal sac, the progress of the disease would be arrested, it being necessary that the force of the circulation should be diminished only, and not that it should be completely destroyed. "Facts prove" says Mr. Bellingham, "that any obstruction to the current of blood by which its velocity and amount are diminished, will accelerate the deposition of fibrine in the aneurismal sac, and that once this

process has commenced, if the same agents continue in operation, it will go on until the sac becomes filled, and no longer permits of the entrance of blood." The suggestion of Prof. Fergusson certainly appears very plausible, and the experiment well worthy of a trial.

Since we penned the above remarks, Mr. Fergusson has tested this plan of treatment in several cases of subclavian aneurism, and in one case, after the lapse of two years, the cure was complete. As some of the fibrinous layers of the aneurismal sac must be carried into the axillary or brachial artery, the cure in these cases is partly effected on the principle of the Brasdorean method.

In concluding our remarks on this subject we cannot pass in silence the successful case of treating an axillary aneurism by compression on the distal side, which occurred in the practice of our friend Prof. Goldsmith, of Castleton, Vt. A report may be found in the Boston Med. Surg. Journal, for Dec., 1845.

On the Treatment of Chronic Ophthalmia in General. By G. A. KUNKLER, M. D., of Madison, Indiana.

The objects to be desired in the treatment of chronic ophthalmia may be enclosed in the following categories. 1. The removal as far as possible of all sources of irritation from the diseased eye. 2. To diminish or remove the congestion of blood to the same. 3. To increase the process of absorption. 4. To remove the nervous irritation.

To relieve the congestion our remedies are threefold, we either reduce the quantity of the blood by direct depletion, or by derivating its course to another organ by external irritants, or lastly, we act directly upon the diseased tissue by astringents, or other remedies increasing the contractility of the part; further by increasing the action of the organs of secretion by purgatives, sialagogues, diaphoretics, etc., etc.;

to achieve these points however, a systematic plan should be adopted embracing diet, clothing, nursing as well as medicine, otherwise but little benefit will result.

1st. *General bleeding* is generally useless when the inflammation is superficial, and should not be employed unless it should acquire great intensity, and threaten to implicate the deeper structures. Local bleeding by cups and leeches, applied to the temples, neck or mastorid processes, will generally be found of benefit.

2d. *Derivation by blisters and issues*, will be invariably found useful, in those forms of ophthalmia where there is a thickened and granular state of the conjunctiva; with opacity of the cornea, also, where the iris or cornea is in a state of chronic inflammation, in such cases the application of blisters, or tarter emetic ointment in the temples or behind the ears, form a powerful adjuvant to antiphlogistics.

3d. *Revulsion on the intestinal canal*, is always necessary, the bowels should be kept in a relaxed condition, by the occasional exhibition of pil hydrarg., rhubarb, or sulphate of magnesia, when the inflammation is more active and the constitution still sound, a more active revulsion is required, and may be procured by strong purges and enemata, with the frequent use of irritating pediluvia.

4th. *Excitement of the functions of the skin.* In cases where the disease has taken the form of sclerotitis, or catharro-rheumatic ophthalmia, with great irritability of the eye, and constant relapses on slight atmosperic changes; in such cases besides the local treatment, much good results from the use of tarter emetic; best given in the form of saline powder, with calomel and nitrate of potassa, and keeping the patient as warm as possible. In other cases great benefit results from administering the Sp. mindereri in bland fluids, Dover's powder may also be given, especially on going to bed.

5th. *Irritation of the nasal mucous membrane* will be found an excellent remedy when the disease is of old standing, especially in scrofulous, and constantly relapsing catharrhal

ophthalmia, the mucous membrane may be touched daily with a pencil of nitrate of silver, or a pinch of strong spanish snuff may be taken every few hours. Powd. orris root, and cantharides are also occasionally employed for this purpose.

6th. *Mercurialisation.* In the internal ophthalmia mercury is indispensable, it is always desirable to bring the system under its influence as speedily as possible, and to keep up its specific action in a light degree for 10 or 15 days, a favorable result will always be observed in iritis, irito-capsulitis, and inflammation of the parenchyma of the cornea, less good is observed from its use in pannus, choroiditis, and the least in glaucoma.

7th. *Tonics.* In patients of weak and irritable habits they are of great advantage to promote convalescence after the inflammation has been subdued, but in some cases they may be employed where the inflammatory process is still going on. Thus in scrofulous ophthalmia, the use of iron and quinia is scarcely less efficacious than mercury in iritis. Iron, quinine, sulphuric acid, etc., etc., may be employed as indications may require.

In the chronic internal ophthalmia, corrosive sublimate given in conjunction with tincture of bark will be found very useful. The officinal syrup of iodide of iron in doses of 12 to 15 drops three times daily, will also be of advantage in cases complicated with anæmia, dyspepsia, etc.

8th. *Local applications*, may be divided into those remedies which act principally by their stimulant, astringent, sedative or exhasotic properties.

In all internal ophthalmias the application of stimulants is useless or destructive; while in the external ophthalmia more is effected by their means than by almost any other kind of remedy. When judiciously used, they save the patient a great amount of suffering, and the physician an infinite amount of trouble; when improperly employed, they not only aggravate and lengthen the disease, but often prove destructive to vision; care should therefore be taken, both in the

use and selection of local remedies. When they seem to aggravate the inflammation they must be abandoned, and the antiphlogistics exclusively used. When one of these local applications however, is of no service, another will often succeed, and it is also useful to change the remedy when it seems to lose its power; and it may after a time be again recurred to.

Among the most valuable local remedies which we have, is the nitrate of silver, it is particularly adapted to inflammations of the conjunctiva, especially where there is a tendency to granulation. It should be prescribed in doses of at least 10 to 15 grs. to the ounce of water, the applications should be very frequent, the solution being either dropped into the eye, or applied with a camel hair pencil, about every half hour, for one or two days, by doing this the conjunctiva remains in a state of continual spasmodic contraction, and the reaction is thus prevented. In vascular cornea and pannus the nitrate of silver will also be found of great value, in such cases the whole cornea should be cauterized with the solid caustic, allowing it to remain in contact with the part one or two minutes, narcotic fomentations may be employed to alleviate the pain, it is rarely necessary to repeat the application a second time, cases which had previously resisted all other measures speedily yielded to this.

Another valuable local remedy in chronic ophthalmia is *iodine*. The officinal tincture may be applied externally to the eyelids in chronic conjunctivitis with much benefit, it produces severe pain for one or two hours, but is invariably followed by marked improvement; in children the tincture should be diluted one half, to prevent vesication.

Iodine dissolved in chloroform and applied as vapor has been lately recommended by Dr. Page, of Boston, in three cases of strumous ophthalmia, with great intolerance of light and spasmodic closure of the lids. I have found the vapor to act admirably, greatly diminishing the intolerance of light, and the profuse lachrymation.

Of the saline stimulants, the sulphate of zinc has maintained its character above all others. It is the popular "eye water" of this country. The sulphate of copper as well as the lapis divinus may however be of equal value, indeed many other salts are probably equally efficient in proportion to their stimulating properties; and hence the popular use of vinegar and water, brandy, eau de cologne, salt and water, etc., which are sometimes employed, notwithstanding the objections their use must suggest. The sulphates of zinc and copper, and the lapis divinus, may be preserved in the officinal camphor water in the proportion of about 4 grains to the ounce, and applied to the eye five to six times during the day.

Of astringent remedies, tannin from the organic, and alum from the inorganic sources, are most entitled to confidence, considering their action on lifeless structures. Tannin may be prescribed in the proportion of 10 to 12 grains to the ounce of water, and then filtering the solution; of alum a saturated solution may be made, and dropped with safety between the eyelids once or twice in the twenty-four hours, and a weaker solution of four to six grains to the ounce of water, may be more freely used as a collyrium. It has probably more astringent with less stimulating properties than any other salt. Acetate of lead is also powerfully astringent with little stimulating qualities, and perhaps some sedative operation.

The vinum opii is another remedy which has maintained its character among practical men better than almost any local application known. It occasionally fails, especially when used in cases unsuited to it; whatever benefit attends its use, seems to depend on its stimulating properties quite as much as its sedative; but probably it arises from the union of the two, although such a combination may appear unaccountable. It may be considered indicated in all those cases where there is scalding pain, profuse flow of tears, and intolerance of light.

Of the method of applying lotions to the conjunctiva, a few

observations may not be amiss, the importance of a proper administration of remedies in this way being generally overlooked. Applied in the ordinary way, eye water, salves, etc., rarely ever come into contact with the conjunctiva of the upper eyelid and eyeball, in any degree of concentration, and after what does get there, acts rather as an irritant than otherwise. To ensure a full exposure of the whole conjunctiva of both the eye and the lids to the contact of the fluid, it should be introduced beneath the upper lid at the outer angle, by separating the two surfaces, and introducing a large drop from a full-sized camel-hair pencil between them. By laying the thumb or finger on the skin between the lid and brow, and pushing it up over the margin of the orbit, a space is made between the lid and ball, into which the fluid should be dropped, and from this it will spread over the whole surface. If a more complete saturation of the upper lid is required, it must be everted, and repeatedly brushed over with the solution.

On the Non-contagiousness of Cholera Asiatica. By THOMAS R. W. JEFFRAY, M. D.

In endeavoring to promote knowledge, it may sometimes be as useful to try and correct what we deem errors, as to promulgate new discoveries. In medicine doctrines of the greatest importance have been handed down from generation to generation, which although demonstrably false, have never once been called in question.

The supposed existence of contagion in cholera, appears to be a very remarkable instance of this propensity in man to pursue the beaten track, however unprofitable or unsafe.

I would ask, is not such conduct often the effects of selfishness, choosing to avoid the responsibility of innovation. And is it not for the same reason that erroneous doctrines generally remain longer undisproved, in proportion to the extent

of their influence on practice. However that may be, it is certain that contagious matter has in all ages been considered by a majority of practitioners as the cause of *cholera*, we might say, the greatest scourge that affects the human race. And this hypothesis upon the belief of which must have depended, and may yet depend the lives of millions of our fellow beings, seems to be almost implicitly assented to by almost all the medical writers on the subject, of the present age. Although I have always had my doubts on this subject, it was not till the years 1849 and 1851, that I was led to inspect closely. Assuming this proposition, which I think will not be cavilled at, viz., "That no general disease that affects a person more than once during life, can ever be communicated by contagion." But the term contagion may be variously understood, thence I will say, that I conceive it to be a specific matter generated in a person affected with disease, and capable of communicating that particular disease with or without contact to another.

Was it a matter of mere idle speculation to inquire into the truth of this hypothesis, not less respectable from its antiquity than from the universality of its adoption, I should have been entirely silent. But the recurrence and great mortality of epidemic cholera, here, as well as in many parts of the globe, renders it an object of the most essential importance, to ascertain if practicable whether or not it is contagious. That the disease is never spread by contagion, I shall endeavor to prove by the following argument.

First, by showing that consequences would necessarily follow from the existence of contagion in epidemic cholera, which does not actually take place.

Secondly, I will try to show that the existence of contagion in cholera has always been taken for granted, not only without sufficient proof, but even contrary to the evidence of numerous and convincing facts.

If we can establish that consequences would result from the existence of contagion in epidemics, which do not actually

take place, I hope that criticism will well and truly try the argument adduced, before it will censure. To the point at issue. If a person be affected with a contagious disease, it will necessarily be communicated to every other person who comes within the infectious distance, and is not at the same time laboring under some disease higher in degree. But it is well known to every one conversant with cholera, that only a very small portion of those who come within the infectious distance, or even in contact with the sick, are seized with the disease.

In the most universal epidemic that has ever raged yet, no statistical report that ever I have seen, shows that even one tenth part the whole inhabitants of a city has ever been at one time affected. But let it be supposed that every sixth person might have been seized, is it creditable that the remaining five-sixths were either not within the infectious distance, or were laboring at the same time under some disease higher in degree than the prevailing epidemic.

If even it be admitted that in a terrible epidemic one half of the inhabitants of a city may possibly be affected, the supposition that the other half could escape if the disease were contagious, would be most extravagant; for the greater the number affected, the less chance would any individual have of being exempted from the contagion.

Allowing that one person in ten may not have been within the infectious distance, and that one in a hundred may have been laboring at the time under a more severe disease than the prevailing epidemic, such then is the proportion that would escape. The reverse however is probably true. But whatever may be the proportion of the number seized to those that escape, it cannot be doubted that the application of powers which produced the disease in the first person affected, adequate to produce the same effect in all those who are bsequently seized. However, the fact cannot be denied, t a majority have escaped after contact with persons

made to account for this by supposing a certain peculiarity of constitution exempts or disposes to disease.

Is it the many who escape that have this happy peculiarity of constitution, or the few who are seized who are so unfortunate as to possess it?

The former are too numerous to admit of such an hypothesis.

The property we therefore conclude must be given to the latter.

But an individual here and there is exempt from small pox although exposed to its contagion.

In order to preserve consistency, this fact must be accounted for by the same, or another peculiarity of constitution. Peculiarities of constitution then exempt from contagion in one case, and dispose to it in another, and thus a term in reality which means nothing, may be made to account for anything.

It appears therefore wholly unnecessary for any purpose that I know, to suppose that in epidemic cholera, contagious matter is generated in those individuals who are first seized, and then from them communicated to others, unless indeed it be determined at all events to take the existence of such a power for granted.

It is a well known law of nature that small pox, measles, and other general diseases which are unquestionably contagious, occur in the same person only once during life. It is also acknowledged by every writer on cholera, that it affects the same person as often as the power that produces it is applied. I have seen instances of the same person being infected three several times in the same season. And similar observations are made respecting the yellow fever that has been depopulating Norfolk, Va., and the neighboring cities.

Small pox, measles, and other general diseases which occur only once during life, never wholly disappear until the whole of those who were within the infectious distance, and were not at the time laboring under some disease higher in degree, have received the infection. As the diseases are sometimes very

mild, children sometimes resist the power of contagion from the power of superior force of other diseases, although they may be so slight as to escape common observation. I will venture to assert that no person in perfect health ever was or can be exposed to the power of contagion without receiving the specific disease.

Excepting in small pox, measles, etc., when the person has previously the disease. Cholera, as it is not subject to the same law, would if contgious never disappear. The contagion meeting with no obstacle from other diseases severer in degree, for there are few indeed of that description, would exercise an unlimited and fatal sway. No person would escape, those who once recovered, would again and again be seized. Infection would continue in a continued circle, until the whole human family was extinguished.

Secondly, the existence of contagion in cholera has uniformly been taken for granted, not only without proof, but even contrary to the evidence of numerous and convincing facts.

It is well known that in hospitals and camps, a very small proportion only of those who sleep within a short distance of, are frequently in conversation or even in contact with persons ill of cholera, are seized with the disease.

So far from infection being invariably communicated in this manner, few instances of it have ever been distinctly traced, indeed if any.

If such instances have ever been recorded, we must either reject them as false, or abandon one of the fundamental axioms of philosophy. For whatever has happened once, must happen often; it happens always under similar circumstances. But in the situations alluded to, these circumstances constantly occur, and the alleged facts do not follow.

It is not fair to conclude that cholera is contagious, because one person happens to be taken ill, while in the vicinity of another who has got the disease.

If the deduction was just, all within the infectious distance

not laboring under a disease higher in degree, would be similarly affected.

They would have the disease with as much equality of force, as individuals have the small pox.

Indeed, in proportion to the number affected, the power of contagion would increase. It is evident it would proceed in a geometrical ratio, diverging from the centre to the circumference of the city, camp, or hospital.

I should think it plain then that in these situations, a contagion which had the power of producing its peculiar disease in the same person more than once during life, would never disappear. But cholera ceases in all these situations, without even a tenth part of their community being affected. It ceases as all epidemics do, according to some periodical law that govern them, which evinces that it does not arise from any casual and uncertain source, like the accidental application of contagious matter.

Hospital Reports and Reports of Cases.

CLINICAL LECTURE AT THE COMMERCIAL HOSPITAL. *Amputation of the Shoulder-joint.* By PROFESSOR BLACKMAN.

Jan. 1st, a German, æt. 50, was admitted, and from the history of the case, it appeared that on the previous evening, while intoxicated, he had been crushed between two railroad cars. At 2 P. M., Jan. 1st, when first seen by Prof. Blackman, the fore-arm and hand presented a shapeless mass; the humerus was fractured just below its surgical neck, and the ends of the bone seemed ready to protrude through the skin. The entire extremity was dead, the integuments of the neck were much discolored and tumefied, as were all of the parts on the upper portion of the thorax. Considerable reaction had taken place, which was increased by the administration

of wine and beef tea. At 4 P. M., amputation above the joint was performed, as it was found that the spine of the scapula was also crushed. This together with the external portion of the clavicle, to the extent of 1½ inches, were removed. The muscles on the anterior and posterior surface of the thorax, in the vicinity of the joint, were so disorganized by the contusion they had suffered, that Prof. B. thought it best to remove a considerable portion which seemed to be bordering on a state of gangrene. The axillary artery was found completely plugged, and presented a shrunken, twisted appearance, and the operation was attended with but little hemorrhage, and as chloroform was used, the patient suffered but little from its shock.

Treatment. Wine, tinct. opii, and beef tea; the integuments in the vicinity of the stump to be freely bathed with a warm solution of the chlorate of potassi. The patient's condition was apparently improving until Jan. 9th, when at 2 P. M., he suddenly expired.

From the time of the operation until his death, there had been no hemorrhage, and the discoloration of the integuments on the afternoon (Sunday) preceding his death, was less than at the time of the operation. On Saturday he was presented to the class, together with the patient on whom Professor B. had four weeks previously, amputated at the hip-joint, and like the latter, he appeared to be doing well. Permission to examine the body could not be obtained.

In his clinical lecture upon this case, Prof. B. remarked that it was difficult to account in a satisfactory manner for this man's death. Reaction took place speedily after the accident, and his pulse continued good to the last day of his life. Could sloughing of the axillary vein have taken place, and could air have thus been admitted suddenly into the circulation, as sometimes happens in amputating at the shoulder-joint, or in dividing large venous trunks in the extirpation of tumors from the neck? Was death produced by the gangrene *foudroyante* of Maisonneuve, which

occasionally destroys a patient in less than 12 hours? These are questions which he was unable to answer.

Was the operation justifiable? *The limb was dead*, reaction had taken place, and the propriety of the operation, therefore, does not admit of dispute. But the gangrene was *spreading*, and under such circumstances some surgeons abandon their patients to their fate. This, gentlemen, is not my creed. With Baron Larrey, I believe that in spreading *traumatic* gangrene, it is better to follow the precept of Celsus, and to adopt an uncertain remedy, rather than abandon a patient to certain death.

But if you have any doubts as to the propriety of operating in cases of traumatic gangrene, before the line of demarkation has formed, let me advise you to read the Memoirs of Military Surgery, and Campaigns of the French Armies, written by the Baron himself. You will find Dr. Hall's translation in our College Library, and when you have read the cases there reported, I venture to assert that you will agree with me, that the surgeon who deliberately surrenders his patient to death, without an effort to save him, by a now painless operation, is culpably negligent of his duty. These self-styled conservative surgeons, of whom we hear so much at the present day, there is reason to believe, are too frequently influenced rather by the desire of being regarded as successful operators, than by the feeling of duty which should prompt them to forget self, and offer to a dying patient a ray of hope, however feeble that ray may be!

I might quote Velpeau, Guthrie, and other authorities in support of the propriety of amputating in traumatic gangrene before a line of demarkation has formed, but as we have discussed this question at length on a former occasion, we shall dismiss it for the present.

One word in reference to the so called *primary* and *secondary* amputations. The student who peruses for the first time the standard works on surgery, must become completely mystified as to the true signification of these terms.

Some denominate an amputation primary if performed before a definite period of time, as for example, 24 or 48 hours, whilst others, more properly restrict its import to cases in which the operation is done before reaction has taken place, without regard to a particular number of hours or days. Mr. Guthrie, in his Commentaries on Surgery designates those amputations as primary which are performed within the first 24, or at most 48 hours, and those as secondary, at the expiration of several days, or of three or four weeks. For the past century this question has been differently regarded by different surgeons, and in their deductions from the statistics which have been collected, it appears to me they have overlooked a very material point. If secondary amputations are really more successful than those performed at an early period after the injury, is it not to be attributed rather to the fact, of the greater severity of the injury in the one case than in the other? If a patient survive for a sufficient length of time to submit to the *secondary* amputation, it is sufficient proof that much of the mortality charged to the account of primary amputations is in reality due to the original injury itself.

Amputation at the shoulder-joint has been performed at least 40 times in this country, and the mortality has been about 33 per cent. The most valuable statistical paper on this subject with which I am acquainted, is that published by my friend Dr. Stephen Smith, of New York, (vid., New York Journal of Med., vol. x., p. 9, 1853.) Mr. Guthrie asserts that on his return to London, at the peace of 1814, this operation was regarded as a most formidable affair, and was undertaken with much reluctance by British surgeons. In view of this fact, it may afford you some gratification to learn that before the period specified by Mr. Guthrie, it had been repeatedly performed in the United States.

Prof. B. presented to the class several patients affected with mortification of the fingers, and toes, the effects of cold. He alluded to the injurious consequences resulting from the

sudden application of heat to parts benumbed with cold. In the Russian campaign, Baron Larry observed that soldiers exposed for hours and days to the most intense cold, did not suffer until there was a change to a higher temperature. This woman, said Prof. B., walked a considerable distance on one of the coldest days of the season. When she reached her place of destination, she held her feet, benumbed with cold, near the fire, and you now see the result. The line of demarkation has formed, and I will direct the application of a flax-seed poultice, to promote the separation of the lifeless mass. The addition of charcoal will correct the offensive smell. Remember that when you are about to amputate in cases of gangrene from cold, your incisions are not to be made through the living parts, but just below the line of separation. In spreading traumatic gangrene, you know you must amputate at a distance, if possible, from the seat of mortification. But if it has been arrested by nature, then you may adopt the same practice as in gangrene from cold, viz., cut through the dead mass. The erysipelatous condition of the foot in this woman, which you observe above the mortified part, is rapidly disappearing under the influence of a lotion of sulphate of iron ʒiii to a half pint of water. The beneficial effects of this wash are very apparent on the face of this old man, which had become frost-bitten while cutting out blocks of ice on the canal.

(Several other cases of interest were presented, but we we have not space in the present number, for the remarks to which they gave rise. In our next we hope to give a report of Prof. Blackman's successful amputation at the hip-joint, and the substance of the clinical lecture delivered on the occasion.—Ed.)

Proceedings of Societies.

MONTHLY REPORT of the Proceedings of THE CINCINNATI MEDICAL SOCIETY. By J. R. ATKINS, M. D., Sec'y.

Society met Dec. 6th, 1855, at the residence of Dr. Richards.

President in the chair.

The minutes of the last meeting were read and adopted.

In accordance with a resolution of last meeting, the Annual Report for the past year, furnished by Dr. Walker.

Mr. President.—It has been the custom of the Cincinnati Medical Society, to have presented through its Secretary annually, a brief report or review of its proceedings—that we may form some idea of our advancement and position.

There never has been a time since our organization, or since the first dawning beams of medical science gleamed over and gladened this disease-stricken earth of ours, so great a necessity for close scrutiny and careful investigation of the acts of medical men and medical societies in the light of science, as at the present period of the world's history.

Through the aid of science we are now enabled to traverse a continent in a day—to converse with a friend at the distance of a thousand miles, as if face to face. By its aid the astronomer is developing worlds on worlds in our planetary system, and shapeless carbon is made to assume the fine proportions and properties of the diamond. In answer to a demand on science and art, nation is dashed against nation, and all former magnificent structures of defense become as chaff before the wind, or as the fine spun spider's web. Agriculture, manufactures, and the mechanical arts, through scientific research, have reached a state of perfection never before dreamed of, or imagined.

While we are thus witnessing all these results in other departments, does it not become us who have united in an association with the avowed object of advancing the interests

of a profession, purely scientific in its fundamental principles—holy and sublime in its attributes, intended to bestow on man, the noblest workmanship of God, the greatest amount of good which it is possible for us to bestow on a fellow man; to consider carefully what we as individuals and as a society, have done, or are now doing, to advance the interests of our chosen profession, and to gain the object of our pursuit?

While the world is thus moving in all its departments with the speed of the electric current, disease seems to have partaken of its spirit, and Cholera, Yellow Fever, and Consumption have been, and still are hastening the human family to the tomb, in defiance of *calomel*, *cod-liver oil*, *turpentine*, *strichnine* or *lemon-juice*.

Either of the above named diseases presents a field for scientific research wide enough, and of sufficient importance to satisfy the most ambitious. Indeed, who would not rather be the discoverer of an agent for the cure or prevention of one of these affections, than to possess the wealth of California, or all the honors of the crowned heads of Europe? We have the *right* to believe that *we* by close investigation may yet be able to conquer these diseases, which have been so long the desolating enemies of the whole earth.

Jener, though a mere Tyro in medicine, said to that fell destroyer, small-pox—

> "Thus far, and no further shalt thou go;
> And here shall thy pestiferous breath be stayed."

and this scourge of the world became a manageable disease. Scorbutis from being the plague of European armies, and the destroying agent of seafaring men, became harmless at the sight of lemon-juice. What right have we then to say, "that *consumption* is *incurable;* and to brand a man as *fanatical* or a *lunatic*, because *he proposes to point out the causes, prevention, and cure of Asiatic Cholera.*

But in these days of scientific medical reform—for *record's sake*, it may not be out of place to consider the spectacle which is presented to us in this country, and especially in

our own Queen City of the West, under the appellation of science in the healing art, Homeopathy with its pleasing title of "*Similia Similibus Curantur*," is dealing out sugar pills to one patient, bleeding, blistering, and mercurializing another, purging a third, and it all passes for *reform in medicine*. Females ride through our streets, and with bounding agility alight from their buggies, hitch their horses, and with all the masculinity in the world, propose to amputate the leg of Mr. A. at the hip joint, to operate on Mr. B. for stone in the bladder; they will relieve Mr. C. of a hydrocele from which he is suffering, by tapping; and they *regret* that Mr. D. *must* submit to the painful operation of *castration* for the *permanent cure of confirmed epilepsy*.

This is considered by many woman's rights, medical reform—all important to save poor fallen man from an adulterous spirit—while attending a lady in child-birth. ("See Beach on Medical Ref., &c.")

But time is too precious to describe Hydropathy, Eclecticism, Thomsonionism, Physo-medicalism, American-Collegeism, Indian-Rootism, Spiritualism, Negro-Magicism, Scandinavianism, and many other smaller isms too numerous to mention, all under the title of scientific medical reform. As individuals, and as a Society, we have all these absurdities to contend with, and the question very naturally arises and should be carefully considered, as to what we should do for our *own* protection, and for the safety of the *community* in which we live. The policy which this association has adopted, we believe *has* done more to discourage these *pretenders* than any other scheme which can be presented—viz., treating them *medically* with silent contempt, as they deserve, and devote our energies to letting them alone. I do not mean by this that we should treat all who adopt these sentiments as unworthy of Citizenship, but on the contrary they should be treated with all the respect to which they are entitled. *Medically* however they should not be recognized as even *pretenders* in the healing art.

But here arises, to my mind, a wide spread danger to the advancement of medical science. As a profession we are, and here we may say exists the safety of the community, slow to believe and very cautious in adopting new theories and modes of treatment—far more cautious than our patients usually are.

With all the light we can obtain of the nature and treatment of disease, we apply our remedies with more or less success, to its various forms. Should a different line of medication be recommended contra perhaps, in some essential points to our own views, and coming from a source upon which we look as inferior, we should very naturally be led to reject it as unworthy our attention, and regard it as only another developement of this "pseudo medical reform."

Jener, though he presented a theory founded on actual experiment, which has done more for the relief of the world than any other discovery in medical science, was for a time forsaken by the profession as a madman, or a quack. The same disposition still exists to some extent in the nineteenth century, to spurn from us any new theory, which does not correspond in all points with our preconceived ideas. As a society we have thus far pursued a different line of policy; and it is to be hoped that the time may never come when the Cincinnati medical society will refuse to hear a respectable physician on any medical subject, giving it a fair and candid investigation, gathering up the good and letting the remainder rest with the author. It is not to be expected that all medical improvements will originate with medical teachers, though they be ever so numerous. Wise, no doubt the most of them are; but all wisdom will not necessarily perish with their exit. It is for them to teach what the scientific physician practices, and they must glean *most* of their knowledge from the active laborer in the profession.

The science of medicine has in this city much to contend with, but if each of its votaries do his duty the result is sure—its success is certain. Much it is to be feared of the

occasional success of quackery in this city is directly chargable on us. It cannot be expected that we shall be exalted when we can so far forget our own self respect, as to show a discourteous spirit towards our medical brethren. Whenever or wherever we lower in the estimation of the public mind the character or attainments of a regularly educated physician, we sink ourselves and elevate the quack. If we strike a blow at a medical brother, we direct that missile at the very foundation which has given the community confidence in us; and in the same proportion as we seek our brother's elevation we elevate ourselves and the profession we represent.

Regular medicine will never take the position to which it is entitled, until the principles upon which this society was founded are to some extent carried out, viz., "to do unto others as we would that they do unto us, and labor for the advancement and union of the medical profession of our city, scientifically and socially." Let us be thoroughly united, and labor assiduously, and Cincinnati would soon become for the west what New York and Philadelphia are for the east; and instead of long pilgrimages to Europe for medical knowledge, we could here, with far less time and expenditure of money, give the student an American medical education on American soil; fill the west with a sound American medical literature, and with physicians far better qualified to treat the diseases of this country than any European school *can* develop. We would entertain all due deference for European colleges, and for those who have been there educated. We love their medical institutions, but while we admire them, we believe that it is our duty to build up our own, and set them as a light to attract our transatlantic brethren to our shores, as we have been attracted to their's. We hope the time is not far distant when instead of pointing to the graves of Harrison, Shotwell, and a Drake, as ornaments of our profession in the past, we may in addition to the names of Mussey and Locke, present to the world many shining lights of the profession in this city.

But as we this evening close another year's history of the Cincinnati Medical Society, it may be profitable to pass in review some of our labors, that we may be stimulated to greater activity in the future.

In November Dr. M. B. WRIGHT gave to the society a full detail of the sickness, death, and *post mortem* appearances of the late Dr. P. S. Conner, which gave rise to a very interesting discussion of the various points connected with *Hay asthma*—the periodicity of disease—and the general treatment in the different stages of *typhoid fever.*

December. The late Professor Ray gave a very clear, and entertaining paper, "on the nature and properties of the mineral waters of *Saratoga*", with an analysis of the most important springs, and their application in the treatment of disease. In the discussion, the comparative qualities of Blue Lick and other springs were referred to, but the general impression seemed to be, that more depended on the change of scenery, diet, air and exercise, than upon the medicinal virtues of the waters used.

DR. ROELKER related a striking case translated from German, showing the importance of long and persevering efforts in the resuscitation of still-born children.

January. There was no paper, and the evening was profitably spent in the relation and discussion of cases.

PROFESSOR GRAHAM presented the post mortem appearances in a case, in which death resulted from injuries received in the use of instruments in artificial delivery, the operator being an *irregular physician.*

DR. WM. MUSSEY related the particulars of a case of encephaloid disease of the head of the humurus and the fatal result after an operation from congestion of the lungs.

DR. ROELKER gave a case from German of a lady who bore a child at the age of 60; menstruated when she was 75, continuing regular till her 98th year—re-appearing when she was 104 years of age.

DR. WALKER related a case of successful cephalic version:

also a case of complete procedentia of the uterus, three months impregnated, and its restoration without manual assistance.

DR. M. B. WRIGHT gave the details of a tumor of a peculiar character, which developed itself from the os uteri.

February. DR. J. J. QUINN read a very elaborate essay on forensic medicine as connected with the case of *Nancy Farrar*, which was discussed at great length.

April. The discussion on moral insanity was continued by DR. MEAD and others.

A case was related, where the feet and head were the presenting portions at delivery, forming a wedge at the superior strait.

PROF. B. S. LAWSON discussed the action of chloroform in midwifery.

May. DR. TATE presented a paper on the Topography and Epidemics of Cincinnati. He laid down the proposition and endeavored to defend it, "that cholera cannot originate or be reproduced, except in *fever-nests, malarious districts*, or in *filthy ships*." This theory was assailed by Dr. Carroll and others, which gave rise to a very spirited discussion, as to the origin and extension of Asiatic cholera.

September. PROF. ARMOR gave an interesting account of scurvey, as it appeared in the Commercial Hospital in the spring and early summer of 1855, prefacing his remarks with a general history of the disease. Drs. Carroll, M. B. Wright, Baker, Quinn, Blackman, Fries and others took part in the discussion, which elicited many important and instructive facts relative to the disease and its treatment.

October. PROF. T. WOOD read a paper on the treatment of Fistula Lacrimalis, which gave rise to a lengthy discussion on the various modes, for the relief and permanent cure of this troublesome affection.

In the foregoing recital, but few of the many cases related during the year, have been given, and no adequate idea can be formed from this sketch of the advantages which have ac-

crued to those who have been punctual in their attendance. Suffice it to say, that nothing foreign to medical science has been discussed, and that our proceedings alone cover some fifty pages of our large record book, closely written. The meetings of late have been better attended than formerly, showing conclusively an improvement in our medical atmosphere.

During the year we have been under the necessity of striking from our list one of our members for offensive conduct. It may be well to remark here, however, that this was an original member, and not elected under our three negative rule.

We have also been called to mourn the loss of one of our honorary members, who was indeed an ornament and an honor to the society. I refer to Professor Joseph Ray, who but recently united with us. He was however, very much interested in the Society, and took an active part in its meetings. Thus in four years some of the brightest luminaries in our medical constellation have fallen. The names of DRAKE, BUSHNELL, LATTA, CLARK, BUCKNER, CONNER and RAY, will long be remembered and revered by this society, and the profession of our city.

Our present memberships are 79. But from removals and deaths, our present number of active members is only 59.

I regret to say that all efforts up to the present time have failed to procure through this society, or otherwise, anything like a statistical record of disease in our city. Its importance as a sanitary measure, and as a medical reference is too apparent to require any defence of its necessity, still it has been impossible to enlist even medical men in an effort for its adoption. In consequence of this we must again fail to present anything like a statistical report of the past year. I will, however, present a few items of mortality in our city, taken from the Health Officer's report of deaths for the last eleven months.

The whole number of deaths have been three thousand

eight hundred and twenty-six, in a territory representing over two hundred thousand persons. This is about one death to every 52 individuals. Deduct from the whole number 121 still births, and the ratio will be nearly 1 in 54. It is a source of congratulation that our city bears so honorable a position in comparison with other cities, as relates to the longevity of our population.

The number of deaths by consumption have been 369, or 1 in about 10½ of the deaths. The greatest number of deaths from this disease occurred in April and July. The next destroyer in course of frequency is Asiatic cholera. Number of deaths 308, mostly occurring in July and August. Then comes small pox with its 136 victims. Convulsions have destroyed 103, Pneumonia 88, Dysentery 75, Typhoid fever 61, Typhus fever 25, etc.

Casualties, 121; Cause not reported, 959.

These reports are obtained from the Sextons, and of necessity are very imperfect. In this report for eleven months, 959 *had no cause of death.*

Our Health officer very properly urges our attention to the necessity of a Registration Law, which we hope will meet with great favor with the *wise ones* at Columbus, the present winter; and it is to be hoped that the time is not far distant, when some arrangement can be effected, that a full and complete statistical report can be had yearly, of the prevalent diseases of our city, and of our success in their treatment.

In the spring and early summer, scurvey made its appearance in the Hospitals of this city, and in private practice, in consequence, it is believed, of the great scarcity of fresh, succulent vegetables; nothing new was developed as far as has come to our knowledge, in its pathology or treatment. Cholera also made its appearance in the summer, and for a time threatened to assume an epidemic form; but thanks to an overruling Providence who sent us cool weather and washing showers, which so effectually cleaned our streets as to remove the last vestiges of this scourge from our midst.

Its character was unmistakeable, and its fatality when *clearly marked*, equal to former years.

Indeed it is to be feared that we know but little more of its nature, and treatment, than was known twenty years ago. Some hold that our science has made such rapid strides within a few years, that Asiatic cholera has become an inoffensive companion. This may do for declamation in writing rooms, but let these same persons be brought into the presence of a *well marked case*, and their knees would become as uncontrolable as was old Belshazzar's. It is to be hoped however, that the labors of Dr. Ruopp, or of some other philanthropist will be crowned with success, and that more light will be shed on this disease.

Small pox in the early part of the year prevailed in some parts of the city extensively. This is the second time within a few years that we have been visited with this filthy affliction, *owing entirely to our want of proper sanitary regulations.* There is no more necessity for these visits, than that half a dozen Medical colleges should exist in Cincinnati. Knowing as we do the value of vaccination, we owe to the community in which we live, an effort to have every person who comes to our city, either by birth or emigration, properly vaccinated. During the past winter your Secretary had an excellent opportunity, while attending the paupers of the 13th ward, where the disease prevailed extensively, of testing the effects of the vaccine virus in the various stages of small pox. I have no question of its perfect protective power, no more than I have of the power of small pox to protect a person from a future attack. Its protection over the Anglo-Saxon is just as perfect also, if the virus is taken from the negro.

Intermittant and remittant fevers have been very prevalent during the past fall, more so, than for years. Quinine however, still holds the lead in its treatment.

Consumption is presenting a fearful picture in our midst, though we hope much improvement has been made in its treatment.

There have been more deaths the past year in our city from phthisis pulmonalis, than in any preceding year. The past month (October), one-eighth of the deaths reported by our Health Officer was from this disease, and former months we have had almost an equal number.

I had intended to have presented in this report some of the many improvements which have been made in medicine and surgery in this country, during the past four years; but I must leave it at present for some one better qualified. Permit me however to say, that *America stands in surgery second to no nation on earth*, and it is to be hoped that other departments will not remain in the rear.

Anæsthesia has been used to some extent the past year in obstetrics by several of our physicians, and is I believe, gaining many advocates. That in some *rare* cases where the symptoms are such as to require the aid of art to complete delivery, its use is justifiable, there can be but little doubt; but its indiscriminate use is, to say the least, questionable. Labor is a normal function, and is usually attended with no danger to mother or child. Anæsthetic agents have been instrumental in the immediate death of more than one hundred persons as shown from statistics, some of whom even in the child-bed room. Should we not then be exceedingly cautious how we interfere with one of *nature's laws*, through an uncertain, and perhaps a deadly agent.

Here it may be well to present a few facts from statistics, to the society, taken from the review of Dr. Burwell's Essay of the Buffalo Hospital, by Prof. Barker, of New York. Both the essayist and the reviewer are favorable to its use, therefore we should expect the review to be a fair one.

That I may do Dr. Burwell no injustice, I remark that I have not been able to obtain a copy of his essay, but merely the review. I have taken for granted that these were promiscuous cases taken as they presented themselves at the Hospital.

" Whole number of cases reported	180
Number of cases requiring forceps	17
" " " Craniotomy	1
" " " Turning	1
Still born children	14
Flooding	7
Bad health succeeding	25"

PROF. BARKER says that it is satisfactorily established by the Essayist, that neither the death of the child—the inflammation, flooding, or bad health succeeding, can with the *slightest degree of probability* be ascribed to the use of chloroform.

Is it *possible* to explain why forceps should be used once in ten and a half cases? That one of every 13 children should be born dead? Or, that one in every seven women should have bad health following child-birth?

It may be explained to *his* satisfaction; but if such results should follow even *your* practice, Mr. President, as skilled as you are in that department, you would soon find that the community in which you live, could not be made to understand the propriety of your services. For my own part, if I was satisfied that one in seven of my patients must suffer bad health after confinement, I would forever abandon the profession.

That the use of these agents have a direct tendency to produce the very results above named, there can be no doubt, from the testimony of its friends. It stimulates to depress—it retards labor, and Professor Barker says "*he* would not give it in face or breech presentations when a delay might be dangerous."

One case during the past year has been related, intending to show the superiority of opiates over the use of ergot, or the forceps, when from exhaustion, the pains of labor cease, though the case mentioned would not be conclusive; still it may be well to consider carefully whether rest would not be more in consonance with nature's laws, than the attempt to excite with ergot, or to remove the child by mechanical force.

Our Society has now been in existence four years. The necessity for its existence, and the correctness of its basis, is no longer a matter of question. That it has done much to harmonize the profession of our city, there is no doubt. We have had no written code of ethics to govern us, it is true; but we trust a code is written on the heart of each of our members—the code of gentlemen.

I have been a member from our first organization, and the pleasure has been granted me of acting as your Secretary for nearly four years. Attending nearly all its meetings, it is very natural that I should feel great anxiety for its success.

Our meetings have been very interesting and profitable, as during the whole time nothing foreign to scientific and medical subjects have been entertained; thus excluding all topics which would seem to engender strife and personalities, too common attendants on medical societies. Allow me to suggest the propriety of shorter essays, and for us to devote more time to the relation and discussion of cases. Many of our essays are very interesting and important, but do not bring out so general a discussion as would be profitable in a society of this kind. They are better suited to the pages of a Journal. Should we devote more time to the discussion of cases, we should have before us more practical matter, and with a good reporter at our table, we should spread upon our minds and before the world, much of interest to the profession, which otherwise would be forever lost.

In order for a full and free relation of cases here however, it is all important that there should be a perfect feeling of confidence in each other. Our relations in a medical society should of right be, as sacred as that which exists in the relation we bear to a patient—a relation of *perfect confidence;* without it no person in his right mind would relate a case of any delicacy, though no names were given; and no person unless a madman or fool, would take advantage of such relation for his own advancement, or the injury of his medical brother.

With many thanks to the Society for the continued confidence and regard they have ever manifested towards me as their Secretary, and a wish, *and full expectation*, that we shall all gain higher attainments in our chosen profession; allow me to say that other engagements render it impossible for me to act longer as your Recording Secretary.

DISCUSSION.

Dr. Bonner spoke highly of the report, and moved its publication. As regards the use of chloroform, he did not think that any man of common sense would use it in cases of natural labor; he would even go so far as to say its use in such cases was deserving of legal prosecution. Doubtless it was sometimes necessary, so were the forceps and crotchet, and with those it should be classified.

Dr. Wright did not know whether the statistics presented by Dr. Walker were intended to show a favorable or unfavorable result from the use of chloroform. He would take it for granted however, that it was the latter. When fairly considered, it will appear to every body that the success as represented by the report, has been remarkable. He shews a list of 180 cases in which it had been administered, and amongst these, 40 cases were attended with dangerous complications, and in only 25 cases did bad health follow, nor does he say to what this bad health amounted. He would ask if any statistics could be furnished, showing results equally satisfactory without its use. It will be admitted by all that the application of the forceps at the superior strait is attended with a great deal of difficulty, sometimes from the nervous restlessness of the patient, and the spasmodic action of the muscles; by the administration of chloroform, she is rendered as manageable as a manikin in the hands of her attendant, rendering the application of the instrument more easy and safe. Indeed few cases present, where the forceps are required at the superior strait, in which chloroform is

not absolutely demanded. Professor Simpson, of Edinburgh, has used it in many thousand cases, and only in one case has death occurred—one hundred ounces have been administered by Dr. Simpson, in the space of three weeks, to a child of five weeks old suffering from convulsions, with perfect safety to the child, and cure of the disease. If then no danger has resulted from its use, why deprive the sufferer of its benefit. Dr. W. has used it indiscriminately in the two-thirds of all his cases, and has yet to learn of any unpleasant results following its administration, even in cases where difficulties had previously occurred without its use. As to fear of any danger of its proving injurious, he would have less hesitancy than from the use of opium or any active narcotic, it being more under the control of the physician; indeed, there is no remedy in the pharmacœpeia more under control than chloroform. When, therefore, the patient wishes for it, he offers no objection to it.

Dr. Bonner did not object to the use of chloroform when interference with instruments was necessary, or even where the woman was suffering from irregular or harassing pains; but to its being given indiscriminately, and in cases of natural labor, he looked upon it as interfering with the laws of God and nature. That danger does attend its use, history will afford sufficient proof; even our own city can furnish instances of its fatal effects.

Dr. Walker wished Dr. Wright would inform him what the symptoms were which would render its use unadvisable or stop its administration.

Dr. Wright has had no occasion to stop its administration, nor have any bad symptoms occurred under his notice.

Dr. Walker asked if it did not retard labor.

Dr. Wright thinks it rather expedites it.

Dr. Comegys asked if Dr. Wright apprehended any danger to the child in utero, from the prolonged use of chloroform, as he thinks he heard him remark so at one time.

Dr. Wright said not. As a precaution he had (in the case alluded) the child removed as soon as possible from the room which was largely impregnated with the vapor of chloroform.

Dr. Comegys asked if hemorrhage was more liable to occur. He had noticed hemorrhage which he supposed was more profuse than would have been, had not chloroform been used.

Dr. Wright did not think there was any more liability, nor has he seen any indications of an increase of hemorrhage.

Dr. Wm. Wood has used it in some cases, such as Dr. Bonner alluded to; it seemed to him to retard the delivery. He agrees with Dr. Bonner in considering the action of labor a physiological process, capable of fulfilling its intended end; with regard to hemorrhage he should differ with Dr. Comegys, as it appeared comparatively less in those cases under his knowledge. It is a question whether the patient is actually relieved from pain by the use of chloroform, as they seem to suffer just as much as when it has not been used; the same may be said of surgical operations, though the patient is afterwards unconscious of having suffered. The following coincidence may not be uninteresting. A lady who had been married eight years without having children, became pregnant the first time, after an attack of small pox; another, married three years, also became pregnant for the first time, after a similar attack; a third has recovered a short time since from small pox, who has been married eight years without children, with a probability of a similar occurrence.

Dr. J. J. Quinn's opinion coincided with that of Dr. Bonner; during the past year he has administered it three times; in two cases where turning had to be resorted to, in both the child was dead, though the mother had not been under its influence more than an hour; the third, which was a case of very difficult and tedious labor, both mother and child died. Last week had a case of shoulder presentation, turning was resorted to without chloroform, and the child was born alive.

Dr. Wright related a case of bloody tumor, which made its appearance after the birth of the child, and previous to the delivery of the placenta, occupying the whole length of the posterior wall of the vagina; on opening it at its most pendant point with a scissors, a large coagulum of blood was discharged; the cavity being daily syringed with warm water, the tumor disappeared in a few days leaving no cicatrix, nor was there a teaspoonful of pus discharged during the healing. He related this for the benefit of the junior members who would naturally feel alarmed at an occurrence of such a nature.

Dr. Quinn succeeded in establishing respiration in a still born child, after the lapse of an hour and 20 minutes, artificial respiration, the warm bath, etc., were resorted to; the cord continued to pulsate till breathing commenced.

MEDICAL NEWS.

Dr. Kreuse reported the following from the German.

Kolliker in his account of the experiments made at the physiological Institution of Wurburg, says, that equal parts of saliva and artificial gastric juice, did not transform starch into sugar. The transformation, however, occurred after 20 minutes, when one part of the juice was mixed with two parts of saliva; when three or *four* parts were used, the conversion took place in five minutes. These results would seem to favor the opinion of Schmidt and Biddus, that the change of starchy substances into sugar is suspended in the stomach.

Budge affirms Waller's observation, that after the section of the motory root of a nerve, both ends undergo fatty degeneration, whereas the same experiment being made on its sensitive root only, its central part connected with the spinal marrow, undergoes alteration.

Dr. Wersenberg recommends a mixture of one part of acetic ether, with eight parts of vinegar, one teaspoonful

to be taken in a tablespoonful of sugar and water every half an hour, as a prophylactic and curative remedy for involution.

Dr. Springler has observed favorable effects from the inhalation of spirit of turpentine, in cases of pulmonary gangrene. Life was not preserved, but apparently prolonged, and expectoration facilitated.

Dr. Salarva (a Hungarian practitioner) treated 15 cases of pneumonia almost exclusively with inhalation of sulphuric ether, repeated from *two to four* times a day, according to the urgency of the symptoms, until the inflammation subsides, only robust plethoric patients were moderately bled—no case proved fatal.

Dr. Schwaber states in a paper on forensic medicine as the result of his comprehensive researches, that no meat of sick cattle is dangerous to health, except of such as have died of pustula maligna, hydrophobia, and glanders.

Dr. Polko witnessed a case of poisoning by tobacco leaves, which being dipped in honey, a peasant, suffering from chronic rheumatism, applied for one night to his inferior extremities. The symptoms of poisoning were very severe, recovery slow, under the application of cold to the head, and the internal use of coffee and carbonate of potassa.

Professor Casper has collected the results of 13 post mortem examinations made on persons poisoned by colchicum.

1st. The corpse does not decompose so quickly as has been generally presumed.

2d. The blood was thickish and of a cherry red color, as found after poisoning by sulphuric acid.

3d. The urine and gastric juice had a distinct acid reaction.

4th. The vena cava ascendens was filled with a remarkable quantity of blood, as found only in exquisite cases of death by suffocation.

5th. A large quantity of blood in the kidneys.

6th. The bladder always more or less filled.

7th. The right side of the heart contained a large quantity of blood, whilst the lungs did not appear hyperæmic.

8th. Congestion of the cerebral blood vessels.

The changes in the stomach, if there were any at all, were those of several degrees of inflammation; which could be referred either to the quantity of the drug taken, or to the severity of the vomiting, which occurred in all cases. In order to ascertain the presence of colchicum in the stomach, the same tests were employed as those usually resorted to for the seeds, and colchicum was obtained.

Dr. Michalsky reports the perfect cure of a case of diabetes of two years standing. The patient passed every day about 20 quarts of water, 20 ounces of which contained 9 drs. of sugar. The patient was put on animal diet, and wheat bread, and took creosote in pills, under which treatment the quantity of the urine as well as the sugar diminished. The doctor was obliged however to change the pills for a decoction of bark, as the strength of the patient sunk so much as to be alarming; when sufficiently restored the pills were resumed, and continued for six weeks, when the cure was complete.

Donders had the opportunity of seeing three albino children born successively of the same person. Their father had dark colored hair and eyes, their mother, light hair and blue eyes. Both parents were in the blossom of life. Their first child, a boy who died young, had dark hair and eyes. The three subsequent were perfect albinos, without the least sign of pigment in the skin, hair or eyes. All complained of photophobia and nystagmus, yet they were all able to distinguish minute objects. When a non-transparent plate, provided with an opening, of about the size of the pupil, was held before the eye of the patient, the pupil appeared quite dark. Hence he infers that the red color of the eye, does not depend on the light entering the eye through the pupil, but *that* light passing the sclerotic and other membranes of the eye. The child under observation gained by the card a more perfect perception of objects, and the photophobia

was diminished. The mother stated that the photophobia had spontaneously diminished with the age of the child. This fact he refers to the sclerotic growing less transparent. To improve vision in such cases he recommends spectacles excluding the lateral light from the eye of the patient. As to the cause of the albinism the mother could only recollect to have been frightened during her second pregnancy by the unexpected apparition of a white rabbit with red eyes, yet she never thought of it again during her bearing.

Struthers, a Dutch physician, presents some observations in addition, to explain the easy delivery of the Esquimaux ladies: the pelvis examined by him shewed a remarkably large circumference, and unusually wide transverse diameters, besides the brain of the Esquimaux being less developed, the smaller head of the child renders delivery materially easier. According to a communication from Dr. Pierce, she does not leave her domestic duties until a few hours before labor sets in. Thereby before, she returns to a hut, built up with furs, and especially prepared for this purpose. This place of refuge is so narrow, that the patient is forced into a quiet position. Nobody attends to the woman in labor, and her delivery is generally finished within half an hour.

ELECTION OF MEMBERS.

Drs. J. L. Woodward and F. T. Cahill were elected to membership.

Dr. FRIES proposed to report some cases of ovariotomy at the next meeting.

Adjourned.

Correspondence.

URBANA, Nov. 13th, 1855.

MR. EDITOR:—Dear Sir, What information can you give us in regard to the remedies used by the Brompton Hospital, for inhaling in diseases of the lungs? Certain individuals

boasting the *should-be* honorable title of M. D., are traveling over the country selling inhalers and inhaling medicines, labeled "*Brompton Hospital Inhaler,*" and *Brompton Hospital inhaling Fluid,*" "*prepared according to the original formula.*"

They furnish patients, suffering with consumption and other diseases of the lungs, an Inhaler, (a very common tin vessel, with a tube attached) and two small bottles of "inhaling fluid," for twenty dollars. For an extra 2 oz. vial of the "fluid," the moderate price of three dollars is charged.

If the Physicians of the Brompton Hospital have made any discoveries in regard to the treatment of diseases of the lungs, I presume they have made the same public. I am not aware of having seen anything from them on the subject in the medical Journals; and my object in addressing you is to inquire if any such publication has come to your knowledge.

If any such discovery has been made, the profession should have the benefit of it; and if not, these quacks should be exposed in their attempts to rob dying men of their last dollar, by using the name of an honorable institution like Brompton Hospital. H.

Progress of Medicine.

FRANCE.

Puerperal Peritonitis in the fœtus and in new born children. Translated by J. H. T.

M. Lenoir has recently published a thesis containing some very interesting facts upon this subject.

Struck with the great mortality among new-born children in this great lying in hospital, and particularly at Maternite where he was for a long time house-physician, M. Lenoir was naturally led to study the cause of it.

The first fact which drew his attention was, that the great-

est mortality among the children always coincided with epidemics of puerperal fever among the mothers.

In 256 new born children subject to his observation, of whom some died a few hours, and others a few days after birth, 63 were born prematurely, and were not viable. Among the 193 remaining 40 died of peritonitis simple, or complicated with erysipelas, meningetis, or multiple abscess; a tenth part died from a disease in every particular resembling putrid infection. Thus in 193 viable infants, who died a short time after birth, no less than 50 were taken off by maladies precisely identical with those which so often prove fatal to lying-in women.

In bringing together the causes of the deaths in these new born children, and those of their mothers who had died a few days after parturition, he found among thirty infants who had died of peritonitis that in ten cases, both mother and infant had died of the same malady: five other women whose infants died of peritonitis, were themselves seized with that disease but recovered.

Of ten fœtuses where death had been occasioned by peritonitis, the mother in these instances died a few days after delivery from the same malady.

What are the characteristics of puerperal fever in the fœtus and new born child?

In the fœtus M. Lenoir found no other manifestation of it than peritonitis. In the new born child he observed it under the different forms of peritonitis simple, or complicated with erysipelas, with umbilical phlebitis, meningetis, etc., under the forms of pleurisy, meningetis, multiple abscess, gangrene, etc.; but the most usual form was peritonitis, where the mother and child both died of puerperal fever they did not always present the same lesions. Thus the mother would show the traces of meningitis, while her child would show the lesions of peritonitis; the infant sometimes died of meningitis, while its mother would die of purulent infection.

Symptoms. Countenance expressive of suffering, abdomen distended, tympanitic and very sensible to pressure; the respiration short and frequent; the skin yellow, the cries incessant; some vomiting attended by discharge from the mouth and nostrils of a bilious liquid. The pulse was much accelerated and very small—the bowels generally constipated. The disease in general run its course in three or four days, sometimes in forty-eight hours, and invariably terminated fatally.

Among the most remarkable of the microscopic observations was the fact of the great enlargement of the spleen which was seen to be increased to almost double its normal dimensions both in the fœtus and new born child.
—*Gaz. des Hosp.*

Report of Three Cases of Dislocation of the Femur Reduced by Manipulation.—New Method of Reducing Dislocations of the Femur on the Pubes. By E. J. Fountain, M. D., of Davenport, Iowa.

Recently I sent to Dr. Reid, of Rochester, New York, a brief report of three cases of dislocation of the thigh,—one upon dislocation upon the dorsum ilii, and two upon the pubis,—all reduced by manipulation. At his suggestion, I send a full report of these cases for publication. The case of dislocation upon the dorsum was reduced very quickly and easily by following exactly the directions given by Dr. Reid, with whom this vastly improved method originated. The two dislocations upon the pubis, I reduced by manipulations based upon the same principles; but by a mode of manipulating quite different from that required for the reduction of a dislocation upon the dorsum ilii. The report of these two cases will be the first of the kind upon record. A concise summary of the rules for the operation will be appended to the report.

Dislocation upon the dorsum ilii.—Oct. 7th. I was called in the night to go in haste to the relief of a lady, Mrs. S——, who had received, as stated, some serious injury of the hip, or thigh, by being thrown from a wagon. I was accompanied by my partner, Dr. Adler. We found the patient in bed, complaining of pain in the left hip. The examination revealed at once the nature of the injury, which was a dislocation of the left femur upon the dorsum ilii. On placing the patient erect, the characteristic appearance was presented. The knee rested upon the lower third of the thigh, the great toe of the foot upon the instep of the opposite limb, and the trochanter major approximated to the crest of the ilium. The diagnosis was confirmed by an attempt to rotate and abduct the limb. A mattress was thrown upon the floor, and upon this the patient was placed upon her back. A towel was carried around the sound thigh and hip, and held down by Dr. Adler; but this assistance I found to be quite unnecessary. I then grasped the knee with my right hand, and the foot with my left; flexed the leg on the thigh, and carried the knee and thigh over and upon the sound one, and then upwards as high as the umbilicus, keeping it constantly pressed down upon the body. I then carried the knee outward, bringing the heel inward and the foot over the opposite limb, at the same

time making gentle oscillations of the thigh, when the head of the bone slipped suddenly into its socket. The force required was quite moderate, and the pain almost nothing. The *time* occupied by the manipulation, from the instant I took hold of the knee and foot, until the operation was completed, did not exceed *ten seconds*. The manipulations were made by one continuous uninterrupted motion. The knee was caused to make a "semi-circular sweep" over the sound limb and across the body, then a few quick oscillations, and it dropped down into its natural position. I held the thigh up firmly and steadily, while making the oscillations; and in this position, at right angles with the axis of the body, and abducted, and the foot over the opposite thigh, the head of the bone entered its socket.

Dislocations on the Pubes.—Case 1.—In June, 1854, I was called to see a man who had fallen from the second story of a house to the ground, upon some pieces of timber. His lower jaw was fractured, and his left hip dislocated. The limb was a trifle shortened, and the foot strongly everted. The prominence of the trochanter major was lessened, and the head of the bone could be felt upon the pubes. While waiting for the appearance of Dr. Arnold, who had also been sent for, I was reflecting upon the necessary arrangements to be made for the application of the *pullies*. While thus meditating upon the subject, I began to think of the possibility of reducing the dislocation by manipulation. Considering the position of the head of the bone and its relation to adjacent parts, it occurred to me that by rotating the limb still more strongly outward, I might elevate the head of the bone from its resting-place—the trochanter major acting as a fulcrum. Then, by carrying the leg and foot, and after it the knee and thigh, over the opposite thigh, while the limb was strongly rotated outwards, the head of the bone would be made to move upward and outward in the arc of a circle of which the trochanter major would be the center, and the neck the radius. After being thus brought over and upon the edge of the acetabulum, a motion of the limb directly upwards, would, in the same way, throw the head of the bone into its socket—the muscles attached to the trochanter major holding that point comparatively fixed.

Before the arrival of Dr. Arnold, I had determined to test the theory; and on explaining my views to him, he at once expressed his willingness to have the attempt made as I suggested. At worst, it could only fail without much if any harm, and then we had the pullies ready for application after the "classical method."

The patient was placed upon the floor on a quilt. Being a man of strong muscular development, I thought there would be more certainty of success if relaxation was first produced by the inhalation of chloroform. He readily came under its influence. When quite unconscious, the limb was taken by the foot and knee and rotated outwards, the leg flexed and carried over the opposite knee and

thigh, the heel kept well up and the knee pressed down. This motion was continued by carrying the thigh over the sound one as high as the upper part of the middle third, the foot kept firmly elevated. Then the limb was carried directly upwards by elevating the knee, while the foot was held firm and steady, at the same time making gentle oscillations by the knee, when the head of the bone suddenly dropped into its socket. Time required in the operation, from 20 to 30 seconds. The force used was slight; I believe it could have been reduced about as well without the chloroform.

Case 2.—Oct. 31st, 1855.—John McCarthy, an Irishman, had his hip dislocated by falling with a horse he was riding. The horse slipped and fell, rolling over upon him. I found the limb about the same in length as the sound one; but greatly everted, the toes pointing directly outward. On attempting to rotate and flex the limb, pain was produced, and a comparative immobility manifested by resistance. The head of the bone was felt forward upon the pubes. As soon as I discovered it was a dislocation, my first thought was to send for Dr. Adler to witness the operation. But the temptation to take hold and reduce it immediately was too strong. The patient was resting upon a low couch. I immediately took hold of his knee and foot, rotated outward and flexed the leg by carrying the foot over the sound thigh, keeping the heel well up and pressing the knee down. After I had brought the thigh in this way over the upper part of the sound one, I carried it directly upwards, holding it firmly up and making oscillations by the knee, when the head of the bone slipped into its socket, and the limb at once assumed its natural appearance and mobility. A little more force was required in this than in the other case; but it was still quite moderate, and the pain very slight. In this case I had no assistance whatever. Time occupied in operating, about twenty seconds.

The history of these cases fully demonstrates, to my mind, the immense value of this new method of reducing dislocations of the hip. Notwithstanding the unsatisfactory results of the trials at the New York Hospital, I have perfect confidence in the correctness of Dr. Reid's method of manipulation. It is certainly one of the greatest improvements of modern surgery, the value of which may be understood when contrasting an operation requiring but ten or twenty seconds, and without pain, with the instructions of Sir Astley Cooper, viz: Venesection to syncope, hot bath. tart. antimony to nausea, and then the application of the pullies from four to six hours, if necessary! To Dr. Reid is due the credit of this splendid improvement, in which the whole profession must participate, as a most valuable contribution of scientific surgery to the relief of suffering humanity. It remains to be seen how far the tests of future operations will confirm the value and correctness of the method of reducing dislocations on the *pubes*, as illustrated by the two preceding cases.

It is my opinion that dislocations into the thyroid foramen may be reduced by the same mothod as the last.

In conclusion, I will recapitulate the method of operating for dislocations on the *pubes.*

Taking the knee in one hand and the foot in the other, rotate the whole limb outwards, and flex the leg on the thigh by carrying the foot over the opposite knee. Then carry the limb, foot forward, over the opposite thigh, at the same time twisting the heel upwards, and pressing the knee down. Carry the thigh in this way over the sound one, as high as the upper part of the middle third; then elevate the limb by raising the knee while the foot is held firm, at the same time making gentle oscillations, when the head of the bone will slip suddenly into its socket.—*N. Y. Jour. of Med.*

Bilious Inflammatory Catarrh. By L. B. Anderson, M. D., of Verdon, Hanover Co., Va.

Among the difficulties under which a physician labors, in reporting his experience in the treatment of disease, is that of finding a name which will convey a correct idea of either its type or location. This is by no means the case in uncomplicated acute inflammatory affections, but when the inflammation is only of an incubative character, located in several organs, and the functions of other organs are materially impaired, *then* there is an almost insurmountable difficulty. Under the pressure of such an incubus, we proceed to pen the following observations:—

There are two diseases which have prevailed within the sphere of my practice during this and the last winter, contemporaneously with *scarlatina*, which in many respects were not very unlike it. One, for the want of a better name, I presume, is called *military fever*: the other, for the same reason, I have thonght proper to denominate *bilious inflammatory catarrh.* Both are ushered in with a chill, pain in the back and head, great lassitude, nausea, vomiting, and high fever—occurring in the order here named. With the rise of fever, a copious eruption appears in the first, as florid as scarlatina itself, which disappears with desquamation in 48 or 60 hours, and with its decline the fever subsides. At this time cynanche tonsillaris sets in, and runs the usual course of that affection in ordinary catarrh.

While in the second, there is no eruption on the accession of fever, tonsils become inflamed, the tongue red and furred, and a dry and harsh cough supervenes. Within twelve hours the fever passes off so completely as to make a *perfect remission*, without any material change in the other symptoms. After the lapse of one or two days, the fever returns with redoubled violence. The pain in the head becomes excruciating; the eyes are intolerant of the mildest ray of light: the tongue, mucous lining of the mouth, and Schneiderian membrane became red and dry; thirst considerable, but water tastes

very unpleasantly; there are incessant nausea and vomiting, first of bile, then of serum, in which are many flocculi of greenish mucus.

This condition is followed in twelve hours by another remission less distinct than the first, and of shorter duration. If no decided impression has been made on the disease up to this time by remedial agents, the third rise of fever knows no abatement, and such is the case until the system has been thoroughly evacuated, and nearly every vestige of local disease is entirely removed.

The difficulties under which a physician labors in the treatment of this disease, arise principally from not being called in until after the second exacerbation of fever, when the stomach is so irritable as to reject almost everything which can be given. Free purgation, with mercurial cathartics, together with acids and demulcients, will generally arrest it, when given during the continuance of the first fever. When this period has passed unimproved, small doses of calomel and ipecac. (despite the nausea), spts. of nitre, lemonade, gum-water, &c., internally—flannels wrung out of hot water and spts. turpentine applied over the chest and abdomen, cupping on the temples and neck, chloride of soda (Labaraque's) applied to the throat, and mild injections, constitute the principal remedies in the milder forms, &c.

It is, however, with the object of calling attention to two points in this affection, that I write at present. The one is the perfect remission of fever within twelve hours after the onset—the other, the tendency to inflammation of the brain, when the disease is not arrested before the third day.

So palpably periodical is the fever, as to its exacerbations, that one unacquainted with its history would readily decide to give quinine. Having seen it administered, both in large and small doses, I am prepared to say *that in all quantities it is decidedly injurious.* For while it neither defers nor arrests the paroxysm, it increases the cerebral disturbance invariably, and the only fatal cases I have ever seen were those in which the remissions were most perfect, and quinine had been given. Nor have I seen blisters otherwise than injurious at any time, while general bloodletting is hardly borne, and often is decidedly injurious. And while mild purges are highly beneficial, drastic cathartics invariably produce dysenteric symptoms. The affection of the head in the early stages seems to be the result of the impression of morbific agents in the prima viæ, and consequently almost entirely sympathetic. This may be inferred from the fact that, so soon as the bowels are freely evacuated, and the secretions restored, the fever as well as the cephalalgia abate. And it is only in those cases when such indications have not been properly met prior to the third day that cerebritis supervenes.

In many cases of this character I have seen, the pulse is slow, feeble, and intermittent, the hands and feet are cold, the bowels relaxed, and the stomach easily nauseated, &c. &c. What will cure

such an affection I know not, for I believe I have tried everything which seemed to be at all indicated, and uniformly without benefit. Happily, I have seen only two such cases, and hope that neither I nor any one else may see another.

No disease is more manageable than this, when efficiently treated in its early stages. If, however, one becomes impressed by its periodical character, with the idea that everything else in the line of remedial agents must be made to succumb to the use of quinine, the delay thus occasioned will be hazardous, if not fatal. Calomel freely administered from the first until all vitiated matters are removed from the bowels, and the secretions are restored, is more effectual than all things else besides.—*Amer. Jour. of Med. Sciences.*

Miscellaneous.

On the Communication of Syphilis by the Vaccine Lymph.—The question of the influence of syphilis upon vaccination is one of importance; the opinion is very wide spread among the laity, that vaccine lymph taken from an unhealthy child generates disease. A case in point has lately occurred in Bamberg, a town in Bavaria, where a medical man was condemned to two years imprisonment for having vaccinated several children from a child exhibiting a syphilitic eruption on its face and body. The witnesses asserted that the vaccine pustules had not been properly developed, and were followed by tedious ulcerations. Moreover, nine grown-up persons were asserted to be reinfected by the children tainted through the vaccine pustule. The judgment was commuted in consequence of the opinions expressed by Messrs. Heyfelder and Pauli, two distinguished medical men of Rhenish Bavaria, whose judgment has been supported by that of Ricord and Cullerier, who utterly deny the possibility of communication of the syphilitic poison by the agency of vaccine lymph. Cullerier, according to the *Bulletin de Therapeutique*, from which we extract these facts, states that he has not only vaccinated syphilitic children without ever seeing the vaccine in any way modified by the syphilitic diathesis, but that he has vaccinated healthy children from syphilitic infants without ever perceiving the slightest unpleasant results. The Societie de Chirurgie, through their reporter, M. Brocas, have pronounced absolutely in favor of the views of Messrs. Ricord and Cullerier.—*B. and F. Med.-Chirurg. Review*, Oct. 1855, from *Bull. Gen. de Therap.*, July, 1855.

On the Real Origin of Varicose Veins of the Lower Extremities.—M. Verneuil lately read a paper before the Academy of Medicine of

Paris, on the above subject, in which he endeavored to make out the following points:—

1. Whenever varicose veins which have sprung up spontaneously are observed on the lower extremity, there are deep veins similarly affected in the corresponding part of the same limb.

2. The converse, however, does not hold, for the inter- or intra-muscular veins may be found dilated, without any change having taken place in the superficial vessels. But when the deep veins alone are found in an exposed state, it is almost certain that sooner or later the superficial ones will in their turn swell, become tortuous, and very apparent under the skin.

3. The varicose state of the veins of the lower extremity, as it is usually seen, does not primarily arise from the subcutaneous vessels (the internal saphena not excepted), but generally from the dilatation of the deep veins, and most often from the muscular veins of the calf of the leg! The deep veins are first affected with valvular inefficiency and dilatation, and these two lesions then spread to the super-aponeurotic branches of the second and third order.

4. This succession of phenomena is not only made manifest by simple dissection, but also by a careful study of the special arrangement of the venous system of the lower extremity.

5. These facts, which may be looked upon as a new discovery, throw much light on the whole subject of varicose veins of the lower extremities. The etiology and symptoms of the affection are thus elucidated, and this circumstance allows of a more rational choice of therapeutical means.

6. The mechanism of relapses will henceforth be more easily understood; for it must be confessed that the obstinate return of the complaint, which experience shows to be so frequent, has been explained more by a train of reasoning than by direct demonstration.

Shakespeare on Syphilis.—The following allusion to the constitutional symptoms of venereal disease occurs in Timon of Athens, Act iv. Scene 3.

Timon addressing the whores bids them

> "Consumption sow
> In hollow bones of man; strike their sharp shins,
> And mar men's spurring. Crack the lawyer's voice
> That he may never more false title plead,
> Nor sound his quillets shrilly; hoar the flamen
> That scolds against the quality of flesh
> And not believes himself; down with the nose
> Down with it flat; take the bridge quite away,
> ..... ; make curl'd pate ruffians bald."

We have here mentioned, 1st, the syphilitic cachexia; 2d, nodes on the tibia; 3d, sore throat and laryngitis; 4th, scaley eruptions; 5th, loss of nasal bones, and consequent falling in; 6th, loss of

hair. The enumeration is a most remarkable evidence of Shakespeare's universal knowledge, and I doubt extremely whether so full a one could be found in the works of any medical writer of the same time.—*Virg. Med. and Surg. Jour.*

Melanges. On the Nature of the Syphilitic Virus.—M. Castano, physician-major in the army of the East, regards syphilis as resulting from the introduction into the economy of a *vegetable fungiform parasite*, the germ of which is developed in the tissues. The cure of the venereal disease consists in destroying this new body, and in the elimination of the spores and sporeules which it reproduces. Caustics, and especially the metallic anti-syphilitics, act by destroying this vegetable parasite, and rendering its spores incapable of germination. Hygienic means, as baths, and plentiful lotions, may sometimes, but rarely, suffice to eliminate these germs of the malady, by eliminating organic matters in which they have their source. (*Rev. de Ther. April* 1, 1855.)

Health of the Army of the East.—From the correspondence of the *Gaz. Hebdom de Med.*, of the 23d of March, it appears that on the 5th of the same month, in the French army of the Crimea, scurvy was prevalent, owing to the moral and physical sufferings to which the poor soldiers were exposed—nostalgia or home-sickness, being the most prominent predisposing cause of the disease.

The pathetic lines of the old poetical banker, Rogers, in which he describes the home-sickness of the Swiss soldiers, apply equally to the gallant French on the desolate shores of the Crimea:

> The intrepid Swiss, who guards a foreign shore,
> Condemned to climb his mountain cliffs no more,
> If chance he hears the song so sweetly wild,
> Which on those cliffs his infant hours beguiled,
> Melts at the long-lost scenes that round him rise,
> And sinks a martyr to repentant sighs.

Well did Byron say of Napoleon I., in 1814, that "the world was worth neither the trouble taken in its conquest, nor the regret felt at its loss." The star of Napoleon which culminated over fields where three millions bit the dust, suddenly fell upon a desolate rock in distant ocean!

The great mass of the soldiers engaged in war, gain little more than Byron has enumerated in two lines, namely:

> Guns, bayonets, swords, pikes, lashes, wounds, devotion,
> A constant chance of death—but no promotion.

One more suggestive word will complete this enumeration—the word HOSPITAL!

Atheromatous Tumors of the Scalp—Evulsion.—Mr. Ericsen recently made some very useful clinical remarks at University College Hospital, previous to an operation of removing a series of

sebaceous growths from under the skin of the head, in a young woman who had been some weeks under treatment. The surgical class were particularly struck with the microscopic characters of these tumors and their contents, appearances so nearly allied to those of the disease termed "molluscum," or enlarged sebaceous follicles in other parts of the body.

Mr. Erichsen confined his remarks to those found on the head, or in the hairy scalp, varying often, as in the present case, from the size of a pea to that of a walnut, and essentially consisting of a diseased subaceous follicle, lined inside by tesselated epithelium, and containing ordinary atheromatous matter, so like scraped Parmesan cheese, or "pap" of bread, as the term atheroma itself signifies. Large quantities of cholesterine were also observable, as well as a darkish-colored fluid in the oldest ones—a sign, Mr. Erichsen remarked, of disintegration not unfrequently followed by ulceration. This sort of fungus ulcer on the head may be readily mistaken, when seen for the first time, for a malignant growth, if care be not taken to inquire into the history of the case, or other "wens" not looked for. The mode of removal of these tumors before ulcerating is very simple. A single incision is made across the wen or cyst, and then, with a strong drag of a forceps, a sort of evulsion is practiced, the entire growth coming out like an almond from its husk or shell. They are found, also, under the eyelid, and are made worse by any practice but one—namely, passing a small probe through them on the conjunctival surface, and stirring up the contents with the probe dipped in nitric acid. As a matter of minor surgery, a sort of study of "common things," too often neglected in practice, Mr. E. showed how the tumors were removed, by practising evulsion on five or six in as many minutes.—*N. O. Med. News and Hosp. Gazette.*

Treatment of Erysipelas.—M. Velpeau gives us the result of his treatment of 1000 cases of erysipelas. He seems to place the greatest faith in iron. Calling to mind the modifications which the preparations of iron produce in the blood, it seems to him that a disease so superficially placed, and one in which the inflamed tissues are so imbibed with altered fluids, was well calculated to be influenced by ferruginous preparations. He employed the protosulphate of iron in the proportion of 30 grammes to the litre of water, (ʒviiss. ad ℥xxxv.,) or 8 parts to 30 of lard. In forty cases in which this was tried, the erysipelas yielded in from twenty-four to forty-eight hours. It is, however, remarkable, that when thus extinguished at its point of departure, it will still spread beyond this, along parts already imbibed with the iron. Whether the inflammation, in order to undergo modification, requires to become fully developed, and whether the remedy is merely curative without being preventive, further researches must show. More easily em-

ployed to some parts, the ointment would be preferable; but it is somewhat less efficacious than the lotion. When used, it should be applied three times a day to the erysipelatous patch, and some way beyond its margin. The lotion should be applied by means of compresses, which are to be kept on with bandages, and wetted every few hours, so as to keep the skin always moistened. Thus far, the remedy has never failed in cutting short the erysipelas; but it has a disadvantage in iron-moulding the linen.—*Bull. de Therap. and Virginia Med. and Surg. Journal.*

Successful Cases of Lithotomy in Twin Children.—A few weeks ago a woman brought a male infant to the Dudley Dispensary, laboring under symptoms of stone in the bladder, which subsequent sounding proved to be correct. She stated that it was a twin, and that the fellow suffered in every respect the same as the one she had brought with her. They were two years and a half old—healthy, stout-looking children. The mother's account was, that they got on remarkably well till teething commenced, at the age of twelve months, when the bowels became irritable, and severe diarrhea set in. As she did not take them to a medical man, she was recommended by her neighbors to administer some port wine, which she did in considerable quantities to both equally for the space of three months and upwards. At the end of this time she did not notice any amendment of the diarrhea, but she perceived that the urine of each had become high-colored, and deposited copiously a yellowish sediment. She, however, persevered for some time longer with the port wine. About twelve and eight months ago the symptoms of calculus became evident. The ordinary operation of lithotomy was performed on the first case on the 14th of last July, and on the second on the 20th of August. No untoward symptoms occurred, either during the operation or afterwards, and the wounds were well in about ten days. The stones were about the size of an almond, only a little more rounded; they consisted of almost pure lithic acid, and were much roughened on the surface.—*London Lancet.*

On the Prevention of Gangrene from Cold.—As your journal is circulated among the medical officers in the Crimea, perhaps you will allow me a short space for a suggestion which I made at the Medical Society of London on Saturday evening, when Dr. J. Bird read a paper on Traumatic Gangrene, and on Gangrene from Cold.

Many of our soldiers, as well as those of our allies, suffered much last winter from the effects of cold, especially in the feet. I believe, Sir, that most of these accidents would have been avoided, if the following plan had been adopted; and as the present winter may be more severe than the last, I am induced to give it publicity in your journal:—

Let the feet be well rubbed with fat, or with oil, if this cannot be procured, and then covered with wash-leather socks, and over these the ordinary worsted stockings.

Birds that are much exposed to cold have all, at this season of the year, a layer of fat under the skin; and it was the frequent observance of this that drew my attention to the matter. I did not know that the plan had ever been tried; but Dr. Bird, in his reply, mentioned a French surgeon who stated that "those who rubbed their noses and ears with goose-fat were not frost-bitten;" and another member of the society informed me that "the Russian peasants often rubbed their feet with tallow and oil to prevent the effects of cold."

Another most important adjunct would be a warm covering for the chest, and I know of nothing better than the skin of a water-bird—the geese, ducks, and divers especially. These birds have been seen in great abundance in the Crimea, and probably shot; their skins can be readily taken off by making an incision along the back, and removing the wings and legs; the skin with the inner side towards the chest can easily be kept in its place by means of a piece of broad tape round the neck. Some of your readers will laugh at this, and others will say, like Mrs. Glass, first catch your goose; but I believe that the tame ducks and geese procured in large quantities at the farm-houses in the various sporting expeditions in the Crimea, if so used, would have been nearly as valuable for the table, and their skins of far greater benefit as articles of clothing.—*Lon. Lan.*

Authentic Case of Superfœtation.—Dr. Gilman, in the absence of a pathological specimen, desired to relate a rare fact, viz:—A well authenticated case of *superfœtation*, occurring in a woman who was married on the 9th October last. In nine months and one day, on the 10th of July, she gave birth to a male child, of large size; and last week gave birth to a female child, fully developed—the interval being seventy-two or seventy-three days. She was unable to nurse the first child fully, until the birth of the second, the supply of milk being deficient. He had not seen the patient himself, but intended to do so, and ascertain if she had a double uterus.

An Assistant Surgeon at the Redan.—At parade, General Codrington gave a short address informing us that we were to act as supports to the storming party (an important duty which would, he doubted not, be well performed), that we were to occupy the fourth parallel, moving gradually into the fifth, then enter the Redan, and insure the possession of it to the stormers. So off we marched down the middle ravine. It was sharp work, for at twenty minutes past twelve our signal was up—a white flag—on the Mamelon. Colonel Cuddy saw it first, and rushed off to the head of his men; so we all shook hands and moved down the trench as fast as we could, for our attacking party had passed out of the sap, and we saw them rushing on the Redan. I kept up with my regiment as well as I could, for the wounded falling around me kept me back. I

bound them up, and then made a run after the regiment till arrested by others, and so on, untill I got to the end of the sap which led to the opening; to go further was useless, already there was such a crowd of wounded around; so I took up my position there; grape and shot came bounding among us; two riflemen fell dead almost on top of me; I had plenty to do, and the time passed without my knowing how it flew—I was so busy. I was struck twice, once on the back by, I think, a grapeshot, but I had no time to look; and once on the foot by a rifle-ball—both "smarters"—but that was all. I was too busy to observe anything that was going on; so, except the first rush, I saw nothing, I may say, of the attack. While I was hard at work, the soldiers around cried out, "Doctor, you must get out of the way—they are retreating!" So I looked up and saw our men rushing helter-skelter into and over the opening to the trenches in the rear of us. I did not know exactly what to do, so I drew my sword, and went on with my dressing till I had finished all about me, and then thought of moving off. I could not leave poor Richards (a wounded captain), as we all expected the Russians to be among us every minute; so there was nothing for it but to put him on my back and carry him, which I did until I got a stretcher, and raised some men of the reserve to carry him home. Then I went down to the trenches again, dressing any wounded I found in the way.—*Dublin Med. Press.*

Formula for the Treatment of Gonorrhœa.—We copy from the *Union Medicale* of Aug. 28th, the following formula of an electuary employed for many years by M. Beyran, in the treatment of gonorrhœa: Take of copaiva ℥ iss.; calcined magnesia, ʒ i.; alum (levigated), gr. xv.; catechu (levigated), ʒ iss.; cubebs, ʒ ix.; opium, gr. xv.; essence peppermint, do. canella, aa. gtt. xi. M. Make an electuary.

M. Beyran administers this electuary in sub-acute gonorrhœa, at the commencement of the discharge, and before the inflammation has extended throughout the urethra. Gleet, when unaccompanied by stricture, may also be treated by this preparation. The dose is a tea-spoonful in the morning, another an hour before dinner, and a third at bed-time. It is best taken by wrapping it in a moistened wafer. When the discharge is arrested, the dose is to be gradually diminished until the medicine is stopped. The mode of administering bulky or nauseous powders, electuaries, &c., in wafers made of unleavened bread (*pain azime* or *chante*), which is commonly employed by the French, deserves to be more known among us. The medicine being wrapped in the moistened wafer, can be easily swallowed, like an oyster, without the patient perceiving the taste. We have found this method very convenient where large doses of cubebs are to be taken. The wafers may be had of some of our principal apothecaries.—*Boston Med. and Surg. Jour.*

Epilepsy.—Trousseau considers that he has permanently cured twenty epileptics in one hundred and fifty cases, treated with belladonna. His mode of giving the remedy, as desrcibed in his clinical lectures at the Hotel Dieu, is to make the pills of the extract and the powdered root of belladonna, aa. 1-7th grain. A pill to be taken every night for the first month; two pills during the second month; three on the third month, and four during the fourth month. If at the end of twelve months the register shows a diminution of the seizure, the remedy may be persisted in, with great hopes of a perfect recovery in from two to four years. The dose should not be increased, after the physiological action of the remedy is manifested.—*Rankin's Abstract, condensed from the Med. Times.*

Iodine in Fibrous Tumors of the Uterus—We observe that Dr. West almost invariably orders for those of his patients at St. Bartholomew's, who are the subjects of fibrous tumors of the uterus, a long course of one or other of the preparations of iodine. The following is the prescription which was ordered for a middle-aged woman who applied with that disease on Saturday: Potassi iodidi, gr. j.; syrupi ferri iodidi, m. xx.; aquæ carui, ℥ ss. Ter die sumend.

Dr. West rmarked at the time, that were the patient one in the highest ranks of life, she would be just the one likely to be benefited by being sent to drink the Kreuznach waters (which contain iodides and also bromides). In common with Dr. Rigby, and other physicians, Dr. West entertains a high opinion of the value of the iodides in procuring the diminution of these tumors:—*Lond. Med. Times and Gazette. Bost. Med. and Surg. Jour.*

Reviews and Notices.

The Practitioner's Pharmacopia and Universal Formulary, containing two thousand classified prescriptions, selected from the practice of the Eminent British and Foreign Medical authorities, with an abstract of the three British Pharmacopias, and much other useful information for the Practitioner and Student—By John Foote, M. R. C. S., London, formerly Surgeon to the Cholera Hospital, St. Heliers, Jersey; with Corrections and Additions by an Americian Physican. New York: Samuel S. and Wm. Wood, 261 Pearl street, 1855.

The commencement of this work comprises a brief sketch of symptoms and treatment of certain accidents to which the human frame is liable, and also the management of cases in which poison has been accidentally or purposely administered. An Abstract of

the Three British Pharmacopœias, and an Abstract of Magendies Formulary follows; next, a notice of Artificial Mineral Waters, from the Codex Gallicus, and the work concludes with an explanation of the medical abbreviations used in prescriptions. Most of the prescriptions are authenticated by the author's name being attached. They are arranged and classed according to their physiological and pathological action, consequently they are very ready of access, and the work more useful to the medical practitioner.

Accidents here referred to are those of most common occurrence, viz: Asphyxia from drowning, strangulation, breathing of noxious gases, lightning, cold or heat, and of still-born infants.

Wounds, viz: Cut, punctured, torn or lacerated, contusions and bruises.

Abrasion, or ruffled skin, burns and scalds, sprains, fractures, dislocations, foreign substances on the eye, in the ear, œsophagus and trachea.

Syncope, *coup de soleil*, drunkenness, convulsive and hysteric paroxysms, apoplexy, epilepsy.

Poisons are obtained from the animal, vegetable and mineral kingdoms, and may be divided into narcotic, acrid, corrosive or escharotic, and astringent. According to this classification poisons are treated of in this work. Also poisonous fish, venomous insects, cantharides, hydrophobia, and mushrooms.

The abstracts of the three British Pharmacopœias are arranged alphabetically, and hence is very convenient for reference. The same is true in regard to the abstracts of Magendie's Formulary.

Natural Mineral Waters constitute an important part in our Materia Medica. The difficulty of obtaining them in many parts of the country is obvious, and the changes to which they are subject in the depots where they are preserved, have given rise to the idea of making artificial mineral waters; but to accurately imitate the waters of all the springs is not proposed.

Mineral waters are called saline, when they hold a strong proportion of salts in solution; accidulated, when they are charged with carbonic acid gas; ferruginous or iodureted, when iron or iodine is contained in them in sufficient quantity to give them a marked character; sulphurous, when they are mineralized by sulphuretted hydrogen or an alkaline sulphuret. According to these facts, certain formulæ are here given.

For sale by Moore, Wilstach, Keys & Co.

The Book of Prescriptions, containing 2,900 prescriptions, collected from the Practice of the most Eminent Physicians and Surgeons, English and Foreign, comprising also a compendious history of the Materia Medica of all countries, alphabetically arranged; and list of the doses of all officinal or established preparation—By HENRY BEASLEY, Philadelphia. Lindsay & Blakiston, 1855.

Physicians do not generally require instruction in making up prescriptions of the old medicines that have been in use "time out of mind;" but a great variety of new remedies have been introduced of late years to the notice of the profession, and no doubt many of our readers have yet to prescribe some of them for the first time. To such, this work will be found invaluable, as it points out the mode of administration adopted by the best authorities, both in Europe and this country. For sale by H. W. Derby.

The Schools of Cincinnati and its Vicinity—By JOHN P. FOOTE. Cincinnati: C. F. Bradley & Co.'s Power Press, 1855.

"What constitutes a State."—[Sir William Jones.

There is, perhaps, no gentleman better qualified to furnish a history of the Schools of Cincinnati, than John P. Foote. Himself an accomplished scholar, a lover of science, and an ardent promoter of the public good, we find his name associated with those of the "learned," who have combined in the good work of laying the foundations of the noble institutions that adorn our city. Such is the source of this instructive and interesting volume. It is written in a felicitous style, with a good degree of the spirit of the historian infused into the pages. For sale by H. W. Derby.

Editorial.

☞ In this number will be found a very interesting case of visico-vaginal-fistula, performed and reported by Dr. Thomas, of Pittsburgh.

The case becomes more interesting from the fact, that the operator (as we are informed, not by the Doctor himself, but by one of his professional acquaintances,) while engaged in a country practice,

conceived the idea, and operated without any knowledge of the operation Dr. Sime. Dr. Thomas can therefore, justly claim for his operation, originality if not priority.

Since the article was in type, we have learned that the Lady gave birth to a living child, about nine months since, without any return of the fistula, and that she is at this time perfectly well.

There appears in the "Dental Register of the West" an article on the use of cold as an anæsthetic, in the extraction of teeth.

Dr. Quinton, of London, has overcome the difficulty of applying this agent to the teeth, by the invention of an apparatus that enables the operator to pass a stream of cold fluid, through very thin gum elastic tubes, around the gum of an offending tooth, until all sensibility is destroyed, when the extraction becomes entirely painless. If further trial should confirm the sanguine expectations of Dr. Quinton, this will be a discovery of no less importance to the Dental profession than that of chloroform; indeed, so many fatal accidents have occurred from the use of chloroform, that many are deterred from inhaling it from the hands of the dentist, but they may submit without fear to the harmless application of cold, and hence this may be a more valuable discovery, to the Dentist, than chloroform.

CINCINNATI MEDICAL OBSERVER.

This is a new medical journal, edited by Geo. Mendenhall, M. D., John A. Murphy, M. D., and Edward B. Stevens, M. D., and published by Edward B. Stevens, M. D. It appears in a neat form, and is to be issued monthly, with forty-eight pages in each number. From may judge from the first issue, and the promises made by the editors and publisher, it is destined to have a successful future.

We cordially extend to the "Cincinnati Medical Observer" the hand of fellowship.

We would say to our correspondent, in relation to the Brompton Hospital, that we have no doubt the promises made by the itinerant pedlars are sheer humbuggery. Elegant inhalers can be purchased in this city, at one dollar and a half a piece, that effect as much in the treatment of consumption as those for which twenty dollars are paid.

The Physicians of the Brompton Hospital have no remedies for

consumption that are not known to the profession at large, and their success is no greater than that met with in private practice. *Consumptives all die there as elsewhere.*

CORRECTION.

In the remarks of Dr. Woodward, in the January number of the Lancet, page 31, twelfth line from the bottom, for "volatile tinc. of quinine," read "volatile tinc. of guiacum."

OVARIATOMY.

Dr. Dunlap, of Ripley, Ohio, assisted by Dr. Bradford and others, removed an ovarian tumor from Mrs. Jane Ramsey, that weighed sixty pounds.

The operation was performed on the 15th of November, 1855, and on the 17th day, the patient was doing well, and promised a speedy recovery.

DEATH OF DR. T. ROMEYN BECK.

The distinguished author of "Becks' Medical Jurisprudence," died in Albany, on the 20th of November.

At the time of his death, he was Secretary of the Board of Regents of the University of the state of New York, and held a professorship in the Albany Medical College.

☞ Dr. John Fredrick Peebles, died in Petersburgh, Va., on the 6th of December, 1855. At the time of his death, he was Editor of the Virginia Medical and Surgical Journal, one of the best journals in our country. His writings, bore the mark of a genius which is seldom excelled.

☞ The January number, of the Virginia Medical Journal has been received. It is edited by Drs. McCaw & Ottis, and published by Ritchie & Dunnavant, of Richmond, Va. This journal is a binary compound, formed by the union of the Stethoscope and the Virginia Medical and Surgical Journal. The result is a first class journal, fully sustaining the deservedly high reputation of the elements of which it is composed.

WESTERN LANCET.

EDITED BY T. WOOD, M. D.,

Professor of Anatomy in the Medical College of Ohio, and one of the Surgeons of the Commercial Hospital.

No. 3.] CINCINNATI, MARCH, 1856. [Vol. XVII.

Original Lectures, Essays and Communications.

A Paper read before the Hendricks County Medical Society.
By LEVI RITTER, M. D.

GENTLEMEN: It is with the deepest feelings of my own inability to handle, as well as a just appreciation of the magnitude and importance of the subject, that I approach the so-much-avoided, yet familiar disease of Pulmonary Tuberculosis. Knowing, as I do, that in a dissertation of the present character, an attempt to describe its true pathology and philosophical treatment, must, of necessity, be brief and imperfect. It is a fact that we daily walk amid scenes of the most grand, sublime, and mysterious nature, without our souls being moved by their influences, or our minds awakened to their investigation. We find in this the reason:—we have been accustomed to them from childhood, and that which is always seen is seldom or never studied.

It is so with Pulmonary Tuberculosis, for *it*, as our Savior said of the poor, "you have always with you." It has entered, and still enters, the abode of the physician, steals away his darling child, his loved brother or sister; his father, mother, companion, and even himself, has fallen a victim to its insidious and flattering visitations.

Notwithstanding all this, the man of science is too apt to turn away from it, as from the pale messenger of death. Too frequently all his bulwarks of defence resolve themselves into this soliloquy: "There is *a destiny* which controls our *ends*, *rough hew them* as we may." There was but little known of

the disease until Laennac, in 1810, published his invaluable work on Tubercular Phthisis, and drew a line of demarcation between tubercular and other diseases of the lungs. Since that time, there has been many valuable accessions to our knowledge in this department. Within the last few years have been made the principal improvements in *pathological* and *scientfiic* treatment. The researches and observations of J. Hues Bennet, of Edinburgh, are justly considered as constituting an important era in the treatment of this victorious enemy over human life. It is not our intention, at the present time, to enter into a detailed account of the symptoms, course and minute treatment of this disease; neither to advance new and startling views of its general pathology and treatment, but to sum up the evidence touching its nature and predisposing condition of system, and draw from these the philosophical treatment. In doing so, if we should chance to deviate from high authority and prevalent professional opinions, we only say, "Hear me for my cause."

It is with a feeling of sore disappointment that the student of medicine reads the text books on the practice of medicine, and finds, that while the symptoms and course of the disease are so accurately described, that so little is said of the peculiarity of system which constitutes the predisposition. Its pathology and treatment are mentioned, but generally accompanied by an acknowledgement *of ignorance* of the one, and *almost worthlessness* of the other. It is by understanding, or striving to understand, what is the peculiarity of system which predisposes to tuberculosis, that we may expect to accomplish the much-desired *ultimatum* of *curing*, or what is better, *preventing* pulmonary phthisis. So far as we know, there are but three—or more properly, but two—theories advanced, which endeavors to explain what the peculiarity of system is in those predisposed. The first is that originally advanced by the German physicians, and subsequently endorsed by others, among whom may be mentioned the high authority of Sir James Clark. By these it was taught that

the predisposing cause, or condition of system which constituted the diathesis, was "Portal Congestion."

The second is that of J. Hues Bennet, of Edinburgh, who believes that the diathesis consists in a want of proper assimilation of the oily portions of food. In his own language "it is a disease of primary digestion."

The third is that first suggestsd by Professor Rokitansky, of Vienna, and favorably spoken of by Simon and others. By these it was observed, that in this disease there was too rapid arterialization of the blood, and that a venous condition of this fluid appeared to be incompatible with the development of *tubercle*. Although it is not claimed by the observers of the above fact, that the too rapid oxygenization of the blood *is the peculiar condition of system* which constitutes the diathesis, yet we have been convinced, even before we knew their views on the subject, that in *this* was to be found the *peculiarity*. The symptoms, pathological changes, and most successful treatment, all point to *this* as being the distinguishing trait between the strumus system and that of one free from such disposition.

Then as a starting point for a further consideration of the subject, we take the position that the *too rapid* imbibition of oxygen into the blood, and the consumption, or rapid elimination of carbon *from* the blood, is the *starting* point of the disease. That *this* is the agent at work in the human system, making *tubercles*—that this *affinity* for oxygen, and consequent *consumption* of carbon, is the type of development impressed upon the system, which makes the *diathesis*, habit, or predisposition to tuberculosis.

We shall not here stop to enquire what are the original *anatomical* or *perceptible* difference between such a system and one healthy, but shall be content in summing up the facts which go to prove that such affinities do *really exist*.

The most eminent pathologists have long taught that some *hereditary* peculiarity distinguished the subjects of phthisis. Indeed it is said to be "pre-eminently hereditary." There

is a type of cell growth given to the offspring by the parent, in accordance with which it is developed, and, as Simon says, "It is an imperfect pattern of development." This we can readily understand in a physiological point of view, in the transmission of family likeness and peculiarity. We know that there is a difference between the cell growth of man and other animals, and between the different races of man, and also between the different genera and species of animals. We are not surprised to see animals breed after their kind, and even to retain the exact impress of the species and stock of their ancestry. We furthermore expect that they will not only be born, but develop in accordance with this law. No farmer expects to see his favorite Durham calf grow up and develop into a chuckle-headed *scrub*; neither does he expect that by extra feed to his "China pig," that he can be made to assume the ponderous dimensions of the huge "*Irish graser.*" In those instances the development is physiological; in the case of those predisposed to this disease, the development—in proportion as the habit prevails—is pathological. Pathological action has always offered more obstacles to the enquirer than physiological; consequent pathological development is more shrouded in darkness than that of physiological. In the subjects of this disease, it would appear that the progeny—the germs of which are first formed in the parents—are developed in accordance with a certain pathological impress given to the first cells.

Simon uses the following language in regard to this hereditary transmission of the disease: "I do not mean that, in the process of impregnation, actual tubercular matter passes from the system of the scrofulous father into the germ of the infant, to remain latent there, till circumstances call for its development; nor that, during uterine life, the blood of the child is poisoned by its mother's blood, as occurs in small-pox or syphilis. What I mean is this,—that the scrofulous diathesis—that the *disposition to form tubercles*, is transmitted." Now, as this tuberculous matter is formed out of the blood,

it of necessity follows that it is the result of a change wrought upon that fluid, either in the process of digestion and assimilation, in the glands of excretion and secretion, or produced by the act of respiration.

For the further investigation of these blood charges, it would be important to know what conditions of system favored, and what opposed, such dispositions. We find that there are certain diseases which are incompatible with tuberculosis, among which we will mention that of cancer.

In cancer, the oily globules of the blood are in excess, while fibrine is proportionately deficient. Here is too much respiratory or carbonaceous material which the system makes no use of, and eventually, this kind of cells become so abundant, that an artificial excretion is established to relieve the system of this plethora. The patient dies, devoured by parasites, in the shape of carboniferous cancer cells, which are continually forming within, and carrying without the body, its nutritive material. We would remark in this connection, that the observation of authors lead us to important truths with regard to the liability of animals to this disease. Commencing with man, it is found that as we descend in the scale to the torpid animals and reptiles in which a venous state of the blood is prominent, and their consumption of oxygen scant, that the liability to tuberculosis diminishes in the same ratio of descent. Ague is another disease with which it is rarely associated. There is a marked contrast between the sallow skin and sclerotica of the one, and the fair or natural skin and the bright blue eye of the other—between the mental torpidity and clouds of the one, and the keen, active, unclouded mental perceptions of the other. Ague deranges the liver by overtaxing it, or forcing into it blood containing an excess of carbon: while phthisis is attended by defective bilious secretion, because of the blood's poverty in carbon. Bile is carbonacious, and the liver is strictly an eliminator of carbon. One disease is characterized by its excess, the other by its deficiency. As we before stated, Rokitansky, whose opinions

were derived from actual observation, attached great importance to increased venosity of blood. "Under the head of antagonistic conditions to the formation of tubercle," says Simon, "he includes every influence which interferes, directly or indirectly, with ogygenization of the blood, either by diminishing the capacity of the chest, or hindering the expansion of the lungs, or by deranging the pulmonary circulation of blood, or by impeding the free access thereto. For example, a case of spinal deformity, narrowing the chest; a case of abdominal tumor encroaching upward and causing dyspepsia; a case of cyanosis, maintaining deficient æriation of the blood; these would be cases in which, according to this observer of hundreds of thousands, the tubercular deposit would not arise."

Pregnancy has been thought by some authors to check or prevent the formation of tubercle. If such an effect is ever produced by gestation, it is probably all referable to the pressure which the gravid uterus exerts upon thorasic viscera, and which, as in the case of other abdominal tumors, diminishes the capacity of the lungs. Theoretically, we would not expect much from this source, as it is only in the latter months of pregnancy that such pressure would be exerted sufficiently to cause any material difference in this respect. In a practical point, my own experience would certainly lead me to deny that any such salutary influence was exerted by gestation. I have lately attended a case in whom the disease made its appearance about the time of conception. The disease marched steadily on, she was delivered of a still-born fœtus at the commencement of the sixth month, and died four days afterward, as the post mortem fully revealed, from violent tuberculosis, both of the lungs and mesenteric glands.

My friend and neighbor, Dr. T. B. Harvey, had a similar case, which but a few days ago was prematurely delivered at the eighth month, and died a few days after delivery. In this case, there was no check to the disease by conception, nor aggravation following delivery. It is true that "the human

female has a peculiar law of blood development, and that during many years of her life "she forms blood enough for herself and an infant;" but if she is pregnant, this blood plethora is appropriated to the fœtus, if not, it is excreted as the menstrua. By this peculiarity, she offers no protection from the disease, but rather incurs a liability from the derangements of system so frequently produced by derangement in this function.

Lastly, among the incompatible diseases is one directly applicable to the point—cyanosis. As J. Simon has so accurately described the disease and its effects, we copy his language entire: "Chronic venosity of the blood, as it occurs in dependence on congenital malformation of the heart is called *cyanosis*, and the blueness of surface from which this class of cases derives its name, depends on the insufficient exhalation of carbonic acid. The heart, owing to its mechanical imperfections, cannot circulate the blood rapidly enough, cannot expose it often enough to the air; thus the carbonic acid accumulates, and maintains the blood in a venous condition, while at the same time, the malformed organ, by delaying the systemic circulation, and causing great congestion of the carbonated blood in the general capillary system renders the unhealthy tint of the blood more apparent to the eye than it would be in any simple case of poisoning by carbonic acid. If the subjects of such diseases delay to die, as sometimes they do for years, they vegetate with a general torpor and feebleness of vitality, with an incapacity for muscular or even mental exertion, with an extreme susceptibility of fatigue, and with a defective resistance to cold, which sufficiently mark the morbid chemistry of their blood."

He farther observes: "There is one signal peculiarity which attends this chronic venous condition of the blood, and which I must not leave unmentioned. Not only in extreme cases of cyanosis, but in all chronic diseases where, from any cause whatever, there is defective arterialization of the blood, the patient enjoys one privilege. He is exempt, perhaps ab-

solutely, but at least *all but absolutely* exempt, from tubercular disease."

The foregoing conditions of the system in disease, and the exemption which they afford the patient from tuberculosis, are cited as negative proof that the disease depends on the *too rapid oxygenation of the blood.* We sum up the following as affirmative:

Oxygen is said to be the *vivifier*, or nature's own stimulant to the system, while carbon is the stupifier, or nature's anodyne to prevent undue excitement. If we breath carbonic acid we die of asphixæ, or a want of *this* stimulus. If we breath oxygen we live too fast and die soon. Strumous subjects have all the signs of living fast. They are proverbial for precocious minds, and clear, keen perceptions. A quick pulse and excitable nervous system mark the tuberculus, while he whose system is full of carbon is dull, cloudy and sluggish, both in body and mind. Oxygen is the special agent in the production of fibrine. There is excess of fibrine in this disease. Carbon is the companion of the oily principle in the blood, hence the deficiency of respiratory material. Upon this assumption, and this alone, can we explain the preference which the tuberculus deposit manifests for the lungs and glandular system. In the lungs the blood undergoes the great change of absorbing oxygen and eliminating carbonic acid; and *here* we find the favorite seat for this deposit. It is not improbable that the tuberculous matter is precipitated immediately from the blood by the action of oxygen upon its salts and fibrine. The best pathologists consider tubercle altered fibrine. The oxygen enters the lungs, consumes all the respiratory material presented to it by the blood, then having a surplus, the remainder acts upon the fibrine and other constituents of the blood producing a precipitate, consisting of these matters deprived of vitality by oxygen. This, in its simplest form, is the cacoplostic deposit, known as gray tubercle, which contains considerable animal matter. As the vice of cistern accumulates, we find deposited

the *aplastic*, or yellow tubercle, which contains less animal material. The calcareous change, or degeneration of tubercle, results from a constant effort to cure the disease by nature, which absorbs the animal portions of the deposit. While there is a constant precipitation going on, the animal matter is absorbed, and there is left the earthy salts which have been precipitated, as a part of the original matter, from the blood. It is said that the black pigment which surrounds those mases, when of long standing, *is pure charcoal.* How did it get there, save by the charing of the fibrine of the blood? The same theory will account for the partiality of tubercle for the lymphglands; for it is there that the highly oxygenated blood meets with new material for union, and, next to the lungs, it is *there* that the greatest change is effected upon the blood.

Dr. Bennet says, "As to the argument derived from the fact that tubercle itself is fatty, I have already disposed of it, when drawing a distinction between oily materials formed as a secondary and disintegrating element, and those formed as a primary and evolving element. The source of fat in tubercle is evidently the albuminous compounds, which, like muscle, fibrinous exudations and blood, may be transformed into oily granules by a chemical process not yet actually determined." The same may be said of fatty degeneration of the liver and other glands, which are so frequently observed in phtisical subjects. Indeed, it would appear that the condition of the system in which fat accumulates in the blood, is directly antagonistic to that in which fatty degeneration of its glands take place.

We now notice briefly the views advanced by F. Hues Bennet, namely: that the predisposition consists in defective assimilation of food. In order to support this position it is necessary to assume, first, that dyspeptic symptoms are the first link of derangement. In the majority of cases, so far as we have observed, such symptoms have not shown themselves until the disease was considerably advanced, and when they did occur, were supposed to be the result of the deposition of

berculous matter in the mesentric and other glands con-
erned in digestion and assimilation. This is the general
experience of the profession. Dr. Wood says:

"In the first stages, the appetite is generally little impaired, though cases now and then occur in which symptoms of dyspepsia or chronic gastritis appear to precede those of tuberculus affection, and have given origin to the name of "dyspeptic consumption." The complication is probably merely accidental, at least in most instances."

We can readily understand how a deposition of tubercles in the mesenteric and other glands concerned in digestion and assimilation, would produced dyspeptic symptoms. In some cases such depositions precede that in the lungs, and are erroneously called "dyspeptic consumption," as they are but the manifestations of the general vice of system. When such a condition does exist—we will not call it a *complication*—it is but reasonable to suppose that the disease would be agravated; for here the digestion is unable to supply the blood with respiratory material, which is already consumed too rapidly. Our experience with such cases warrants us in stating that they are less benefited by medication, and progress more steadily and certainly to the fatal termination than any others. We speak here of those cases in which the dyspeptic symptoms are the first evidence of disease. This position, to prove true, must assume, secondly, that all cases, or a majority of cases of dyspeptic derangements leads to or produces phthisis. The bare fact that this is not the case, is sufficient of itself to prove that there is some other vice of system behind all this which gives the predisposition, and i *the diathesis*. Thirdly and lastly. It does not account fo the fact why those cases of ague, cancer, cyanosis, a all conditions of increased venosity of the blood offer for instruction, that of being exempt from the disease. They certainly as liable to dyspeptic derangements. The sumption that the essential predisposing condition consis pulmonal congestion, needs but little notice, as upon close in

tion it will be found to resolve itself into the condition called "dyspeptic consumption," before alluded to. The liver as well as the other abdominal glands, as we before remarked, *may* be the first point of the deposit; and in such cases would most certainly interfere with the healthy condition and free circulation of the blood in the portal circle. Even when they are not primarily the seat of deposit, the oxygen which enters the lungs passes along with the blood, and in those regions meets with the new products of digestion, producing *there* the consequent derangment. Defective biliary and other carbonaceous excretions of the glands, we have before alluded to as being the effect of the poverty of the blood in those materials produced by respiration. We do not intend at this time to enter into an enumeration and description of the symptoms of phthisis, but some of them which are produced by the general vice of physiological action, we cannot pass unnoticed. Prominent among these may be mentioned a quick, fast pulse, emaciation and a hopeful mind. We have never noticed the absence of either of these symptoms in any case. Authors have, and mention such cases with a slow pulse, &c. If such cases do occur, they are only the exception and not the rule.

We mention these symptoms to show the contrast between a patient whose system is full of carbonic acid, and that of one whose blood is loaded with oxygen. In cyanosis and diseases of the liver preventing the secretion of bile from the blood, the patients are dull, desponding, haunted with evil forebodings, pulse slow, &c, while the body sometimes looks so plump that the unlearned frequently diagnosticate the disease in advance of the physician by calling it "hypo." In consumption the patient "walks in the midst of danger yet fears no evil." He lays his plans for years ahead, conceals the sufferings of his disease, and though emaciated to a mere skeleton, with even hectic and a cough which gives him no rest, yet still he insists that he is able to sit up or walk out, and will be better to-morrow. The cause of this contrast is to be

found in the oxygenized state of the blood in one disease, and the carbonized state of that fluid in the other. Thus far we have endeavored to define the condition of system which *predisposes* to, or *constitutes* the *tuberculous diathesis.* We shall next notice the proper principles to guide us in its *prevention* and *cure.* All rules to guide us in preventing the formation and transmission of the diathesis, must of necessity be, to a great extent suppositional and uncertain. Could we enter the human body, launch our bark upon the floating rivers of its blood, travel the rounds of the circulation, be foreman in its custom houses of imports and export, and be chemist for the wonderful human laboratory, *then* could we hope, with an unerring hand, to point out the shoals and breakers, as well as the mighty tornadoes, by which so many are lost. Some remarks in reference to the starting point of the taint we cannot pass unmentioned. The influence which syphilis and mercurial saturation exert upon the progeny of such sufferers, we think, has been too much neglected. The practitioner cannot fail to observe the striking resemblance between mercurial cachexia and that produced by tuberculosis, between syphilitic and scrofulous ulceration. We doubt not but that if the statistics of their connection could be definitely arrived at and accurately compared, an appaling picture would be presented, upon which the careless would gaze with astonishment. The treatment of the disease requires attention to the following indications: First, to prevent the disease in those predisposed. Secondly, to cure when the deposition has really taken place. It is by a careful attention to the first of these that we are to accomplish the most good as practitioners of medicine. We have seen that the being, instead of having a physiological type of cell development, has received a body *which is pathologically developed.* We have endeavored to show that such variation from the healthy physiological system consists in a morbid affinity for oxygen. Then the great and first indication is to increase the *venosity* of the blood, and to diminish its *oxygenation.* Here we can

see how worse than useless is the plan of applying stays and supporters, for the purpose of stretching and straining the chest to give it increased capacity, while the blood already is becoming too rapidly areated.

The views of Rokitansky, before quoted, would lead us to expect more relief from compression of the chest than from its expansion. Dr. Williams, in his Principles of Medicine, after stating that the fibrine in the blood is in excess, also that oxygen has the property of coagulating the fibrine in health, also that tubercle is altered fibrine, recommends an azotized diet, and asks whether the inhalation of oxygen would not be useful by promoting absorption of the deposit.

"You *rub* the sore when you *should* bring the plaster;" for if the fibrine is in excess we want food which will make corpuscle; if tubercle is altered fibrine, and oxygen will coagulate fibrine, we should exclude this coagulator from too powerful an action. The exercise of the patient is an important agent in this disease; sufficient exercise should always be taken, to develop the system in as healthy a form as possible. While we would insist upon *regular* exercise, we would be particularly careful to avoid all excesses and fatigue. The effect of such imprudence is to rush the blood rapidly to the lungs to become areated, it is impeded in its passage through the capilaries, a turgescence of the pulmonary veins is produced, and *this* condition, with the increased demand for, and consumption of, oxygen, is very favorable to the precipitation of tubercle. Many patients can really date the origin of their disease to some over exertion. Moderate exercise equalizes the circulation, while fatigue produces turgescence of the lungs. The selection of a diet to suit the wants of the system is all important with those predisposed. It should be nourishing, and *especially* should it be carbonaceous. Butter, the fatty portion of meats, with everything, either animal or vegetable, which is capable of supplying respiratory material, should constitute the major portion of the diet. We thus supply the system with that substance which it consumes too rapidly,

and prevent the deleterious effects of such disposition upon the economy. It is useless, after the salutary lessons we have received from J. Hues Bennet, to urge *this* principle to any length. Upon this principle we can account for the greater exemption, of the inhabitants of the north of Russia and other cold climates, from the disease. Although the air is cold and strongly oxygenated, the inhabitants are exempt because they supply, artificially, an antidote *carbonaceous diet*. History records the fact that in those countries the inhabitants consume a large amount of fats and oils; indeed, they are said to constitute, all but exclusively, *their diet*.

The influence which *climate* exerts over this disease has long been a subject of observation. So much, and so *blind* and *unphilosophical* has been the testimony on this point, that one feels bewildered on approaching even the threshhold of the subject. Probably from the hetrogeneous pile of evidence, we could separate this fact. That a warm and equable climate is the most suitable for phthisical patients, Dr. Wood makes the following remarks: "When a tuberculus patient passes from a warm and dry country to one that is cold and damp, the tubercles undergo development. It was observed that the French regiments suffered more from phthisis in Holland, than in Spain and Italy; and it would appear that almost all the animals which are brought from the torid regions to our menageries die of tuberculosis of the lungs." Change of climate may act as a preventive, but *never*, of itself, as a curative. If a person predisposed, leaves a cold and variable climate and settles in one warm and equable, it is probable that he may escape the disease. The principle is found in the following facts: In a cold climate a given amount of atmosphere contains more oxygen than in a warm; add to this the congestions and inflammations resulting or liable to result from cold and *vicisitudes*, and we have, in proportion as they prevail, the elements which will *aggravate* the *predisposition*. In hot climates the atmosphere not only contains less oxygen, but is *surcharged* with carbonic acid; hence the

lungs are more exempt, while the liver and glands of carbonaceous excretion are more liable to disease. It is nonsence, or at least unphilosophical, to expect tuberculus matter to be absorbed by a change of this kind; yet, new depositions may be checked, and if suppuration is not extensively taking place, there might be some hope of relief from a change of this kind. This corresponds with the general experience of the profession. James Clark makes the following observations: "Since the nature of phthisis has been more fully understood, the expectations from climate as a means of cure have greatly abated, and hence it is much more justly considered at the present time simply as a *preventive* of the disease. When adapted with this view, climate is certainly one of the most powerful *remedies* we possess for improving the tuberculous constitution, and enabling us to correct the predisposition to the disease." We pass next to notice what may more properly be styled a medicinal agent for the prevention of phthisis. As, with but one exception, we stand alone, so far as written authority is known to us, in the recommendation of this agent; we shall introduce the remedy by quoting the remarks of Dr. J. B. S. Jackson, of Boston, which first appeared in the New England Quarterly Journal of Medicine and Surgery for July, 1842. page 30, and are thus referred to by Dunglinson in the Cyclopedia of Practical Medicine, vol. 4th, page 538. "It has been doubted, however, whether intemperance develops tubercles. Of 35 persons dying of various diseases, all of whom were decidedly intemperate, and most of them grossly so. in 26, according to J. B. S. Jackson, of Boston, no tubercles were found; in 5, there were tubercles in the lungs; in 1, in the bronchial glands, and only 2 died of phthisis. In several of the most striking, the organs were as free from tubercular disease as those of a new-borned infant. These results led Dr. Jackson to suggest whether intemperance may not have some effect as a *prophylactic*. *We* hesitate not to assert that there is not another prophylactic known to the profession, equal in value with that of alcohol, or what is with us, its favorite form *good rye whisky.*

So accustomed are we to witness the physical and mental poverty and degradation which alcoholic liquors produce, that our minds are often blinded to its salutary effects in *this* disease. Hence we find authors, when speaking of the treatment of phthisis, discountenancing their use, not because of their *special action* in *this* disease, but because of their *general* habit of deranging the system. We have endeavored to make the point plain that in this disease and the condition of system, which is called the predisposing condition, there is too rapid oxygenation of the blood. Now alcohol, when taken into the system, passes directly into the blood; a chemical union takes place which increases the venosity of the blood, and prevents the exhalation of carbonic acid from the lungs. This action of alcohol needs no further remarks, as it is so universally understood and admitted that such is its effects upon the economy. The fact daily stares us in the face, in the blue skin, sluggish action, and morbidly obese bodies of those addicted to its intemperate use. This agent diminishes the consumption of oxygen by the system, *diminishes* the exhalation of carbonic acid *from* the system; it does *all this* without even asking the aid of digestion and assimilation, and most *emphatically* fulfills the indication in the case. We have endeavored to show that the cachexia of this disease was produced by the consumption of all the respiratory matter in the system, which consumption was produced by a morbid affinity for oxygen. Dr. Bennet thinks the digestion refuses to make respiratory material; upon either assumption, let us see how alcohol supplies the demand, and as no authority is above that of J. Simon, we will hear his statements in regard to the effect of alcoholic liquors upon the system. They may be found in his lectures on General Pathology, p. 42: "Similarly we may account for the occasional production of this state of the blood,"—the fatty—"in persons addicted to the intemperate use of alcohol; since in them the circulation is habitually loaded with artificial ingredients which *require* oxygen for their elimination, and which, therefore, tend to

supplant the natural excretion of hydro-carbon; in such cases the fatty contents of the blood will rise to 50 and upwards." Alcohol then furnishes the blood with an antidote to *this* over-oxygenation, and retains hydro-carbon in the system; this is the condition in which fats are formed and retained in the body. Alcohol acts in the same manner as cod liver oil by supplying respiratory material and increasing the fats of the blood. The first case of a permanent cure recorded by J. Hues Bennet, in his work on Pulmonary Tuberculosis, died afterwards of delirium tremens. The Dr. expresses his faith in the curability of the disease in the following language, when commenting on the case: "It demonstrates fourthly, that when, at a more advanced age, he again fell into bad circumstances, and *even became a drunkard*, tubercular exudations did not return, but that delirium tremens was induced, with simple exudations on the membranes of the brain, of which he died." But I am told that there is too much theory in all this salutary effect claimed for alcohol. Does not our observation constantly teach us that the agent really has, in some way, a preventive influence. We all know of families who have, one after another, sank into the grave from this disease; families, too, in which the disease was strongly hereditary. Some member of said family, or families, has taken to drink, and although in a thousand other ways has transgressed the laws of health, he survives all the rest, and lives to a ripe old age. I know of a number of such instances, but of such we cannot here personally speak; some, too, who have drank for the very purpose here mentioned, and who, although well stricken in years, are enjoying good health, while a large family have long since sank into premature graves, *stricken* and *afflicted* with what is, in such cases, supposed to be an *unavoidable destiny*. While alcohol, or the liquors containing it, are certainly beneficial, it does not follow that *it* is to be accountable, even in *this* disease, for the pernicious effects of the nux vomica, tobacco, and the thousand other poisonous drugs with which the liquors are adul-

terated at the present time. We speak of pure alcoholic liquors, and not their imitations. There is not, to our knowledge, another condition of system in which the continued use of alcohol would not prove pernicious, *much less curative.* The indiscriminate use of this class of medicines, even in disease, is a subject upon which the profession certainly needs much reformation. The second indication in the treatment, that of promoting absorption of the tuberulous matter when deposited, and the healing of the ulcers when suppuration has taken place, is unfortunately the one in which the physician is most frequently called upon to display his skill. All the remedies mentioned as useful in preventing the deposit are here indicated; with the addition of such other agents as will support the strength, and favor the healing of the ulcers, or promote absorption of the animal portions of the deposit, and thus favor what is commonly called the calcareous degeneration. It is plain that in this stage of the disease, we have to contend not only with the deposit or disease, already existing in the lungs, but the *pre*-existing and *present* existing disposition of system to deposit new material of the same nature. To promote the transformation or absorption of tubercle, we must support the strength by nourishing diet, supply respiratory material to the blood, and promote, as far as possible, a free and healthy circulation of the blood in the lungs. The best article, both as a diet and to supply respiratory material to the blood, is *cod liver oil.* To promote the absorption of tuberculous matter, nothing is better than regular and moderate exercise. By this means we promote a free and healthy circulation of the blood in the lungs, which is the condition favoring absorption. Great care should be taken to avoid fatigue or excess, as by such imprudencies the blood is rushed too vehemently into the lungs, engorgement is produced, effusion *may* take place, and great violence be done to the economy. But exercise *regularly*, exercise *much*, *exercise.* To support the system during the suppurative process, the various tonic stimulant and *analeptic* medicines are useful.

Among the tonics, iron justly holds a prominent position. None of the preparations have been so useful, in my hands, as the tincture of the muriate, on the iron by hydrogen. To be *useful*, they must be given perseveringly. I hardly ever let a patient, under my care, be without the iron for any length of time. I have one case now under treatment, in which the lady has taken iron regularly for over a year. The vegetable tonics are useful, and it is fortunate that they are numerous, for we find our ingenuity heavily taxed to occasionally administer something *new*, and thus relieve the monotony so repugnant to patients. *Here* then is the great storehouse from which we must procure the *variety*, and it behooves us to avail ourselves of its offers, or our patients will desert us, and employ some quack *consumption curer*, who luckily has discovered "*nature's own remedy*" in some *root* or *herb*, the healing virtues of which are known only to himself. Among this class of remedies we would especially mention that of the infusion of *wild cherry bark*, as possessing peculiar properties adapting it to the treatment of this disease. Among the stimulants, the best is good old rye whisky. The analeptics are the most important remedies for this condition. Pre-eminent in this respect is *cod liver oil*; its effects as a nutricious diet and supplyer of respiratory material to the blood. are not equalled by any other agent known to the profession. Since its introduction as a remedy in phthisis, it is continually astonishing the observant physician by its wonderful effects. As I have before remarked, the plan of treatment introduced to the profession generally, by the publications of J. Hues Bennet, is justly considered as forming an important era in the treatment of this disease. With the mode of giving cod liver oil all are familiar; we should give it first. give it last, *and never quit giving it*, until our patient either recovers or succumbs to the disease.

The foregoing is a brief summary of our views as to the *general pathology* of phthisis; also a brief statement of the principles to guide us in the *general treatment* of the uncom-

plicated disease. Numerous changes, alterations and additions may be necessary in *every* case, but the leading indications are stated, and allusions made to some of the most prominent remedial agents. Of its complications we say nothing, as they are always treated upon general therapeutic principles, with a due regard to the prominent disease.

Observations on Periodicity, or Intermittency and Remittency of Diseases. By ABRM. LIVEZEY, A. M., M. D., Lumberville, Pa.

NO. I. INTRODUCTORY REMARKS AND PRINCIPLES.

A close observation of morbid action, as manifested in the daily rounds of a large country practice, for many years has convinced me of the great importance, to the profession generally, of attention to the following query of Dr. Holland in his "Medical Notes and Reflections." He asks, "has sufficient weight been assigned in our pathological reasonings to the principle which *associates together* so many facts in the history of disease, viz., the tendency in various morbid actions to distinct *intermissions* of longer or shorter duration, and more or less perfect in kind. The subject of so many diseased actions to this *common law*, establishes relations which could not have been learned from other sources, and which have much value, even in the details of practice."

Equally convinced am I, from lengthened experience, that it would be well for the profession to admit that "Periodicity" is a "general law," as demonstrated by Dr. Laycock, (alike distinguished with Dr. Holland in British Medicine,) and accord with Dr. Forbes, editor of the British and Foreign Medical Review, that the "intermittent nature of diseases must certainly be better understood (observed?) before we can practice medicine scientifically."

Profiting by these suggestions upon entering the profession, and basing my practice upon Dr. Laycock's theory of "Vital Periodicity," which caused me to closely watch for

paroxysms and remissions, I am more fully persuaded upon the lapse of every year, and with every additional year's experience, that "this tendency to *intermission* in the animal functions may justly be termed a LAW, inasmuch as it is natural, *general* and manifestly designed." (Dr. Henry Holland on "Morbid Actions of an Intermittent kind").

The doctrine of periodicity has hitherto been confined, chiefly, in this country, to intermittent fever and certain forms of neuralgia, although the fact of manifest remissions, and even intermissions in many diseases, has not escaped the notice of our authors, yet they have not given the *fact* that degree of attention, nor impressed it upon their readers, as its practical importance demands. Hence, in this series of papers, it will be my endeavor *meus labor*, after laying down certain principles, (or axioms, in truth) to show, by analyzing disordered actions generally, by citing authors and cases in practice, that all diseases are, or are prone to be, intermittent in their character; and all practice instituted to be rational and successful, should be based upon that assumption.

PRIN. OR AX. I. All diseases are essentially intermittent or remittent. "The fact of intermittency (says Prof. T. D. Mitchell) is as well established as any other in medicine." Intermittent fever, then, is the *type* of all disease; and every form of disease is only a modification or development of the primitive type.

PRIN. OR AX. II. There can be no disease without a general *constitutional* disturbance. *Local diseases* are only a *development* or *result* of a series of *constitutional disturbances*, determined by predisposition to the weakest part or parts of the body. And this predisposition to disease of one part more than to another, is the result of a *less degree of cohesion of the atoms of the part*, rendering it more liable to disorganization. Sir B. Brodie is now "satisfied from a more enlarged experience, that *local diseases*, in the strict sense of that word, are comparatively rare." (Dis. of Joints. 1850.)

PRIN. OR AX. III. There can be no disease without a *change of motion* of the atoms of the organism; and there can be no change of atomic motion without *change of temperature.* And these morbid changes, or evidences of constitutional change, are always periodic and intermittent, or remittent.

Hence arises ague, or intermittent fever, characterized by three marked changes of the condition of the body—its functions and secretions—viz., *chill, heat, sweat,* and their successive occurrence constitutes a paroxysm, which is followed by a *periodic intermission,* or regular interval of comparative health.

PRIN. OR AX. IV. DEPRESSION, ACCESSION, REACTION and the HEALTH EFFORT are the invariable attributes of every development of disease. Depression is the result of an abnormal attraction of the atoms of the organism, and is characteristic of the *negative* or electrical state. Accession is abnormal atomic repulsion, and marks the *positive* a magnetic state. During the period of reaction the life forces are struggling against the disturbance to which they have been subjected, and this struggle develops the health effort, or the period of intermittent equilibrium—a period of longer or shorter duration, according to modifying circumstances.

PRIN. OR AX. V. Through the brain and nerves or cerebro-spinal system we see, feel, think, talk, walk and perform all our pleasurable duties. By means of this system, a complete order or harmony of movement is maintained throughout the various organs of the machine. By acting on this system every possible constitutional disorder may be produced, whether from within or from without; and through the same medium, medicinally or otherwise, the greatest *apparent* disorder can be rectified.

It is to this system—that source of all motion and emotion—the charlatan most generally directs his remedies, whether physical or psychical, and hence his frequent success, while the great part of the profession, from a too great neglect of this, and a too exclusive attention to the mere me-

chanical details of the organism and its local symptoms, scarcely pass a day without having to blush for the blunders they commit.

PRIN. OR AX. VI. All medicinal forces act electrically, and like all other electrical bodies, possessing both the force of *attraction* and the force of *repulsion*, they must necessarily exercise under different electrical conditions of the human brain, a *duplex* power over the various organs they respectively influence. Attraction and repulsion are the two grand forces by which, not the motions of the human organism alone, but the motions of the universe are controlled; and by these forces and *no other* can animal life be influenced either for good or evil, whatever may be the nature of the agent by which they are called into action.

Electricity can be so applied as to produce *attraction* and *repulsion* in all bodies without any alteration of their constituent nature; and it can also be applied to almost every compound body, so as to effect a true chemical decomposition of its constituent elements. The direct application of this subtle and universal power to the living body, has caused, cured, or aggravated almost every conceivable manifestation of disease.

As in the instance of the magnetic needle, whose polarity or motive power it can induce, reverse or destroy; so can it also increase, decrease or destroy each of the functional motions of the various parts or organs of the living body, to which it may, under particular circumstances, be applied. It has caused and cured palsy, and strychnia has done the same; like quinine and arsenic, it has caused and cured the ague; with opium, it has cured cramps and asthma, and induced them even as prussic acid and nitrate of silver have, when administered under similar circumstances. Hence the action of medicinal substances are purely electrical, and any given remedy may produce, like electricity, *opposite results* even when administered to two patients who are supposed to be suffering under the same nosological disease,

facts, from want of closer observation, unrecognized by many of able minds in the profession.

PRIN. OR AX. VII. Medicinal substances exert an influence over one part of the organism in preference to any other, by the same law of elective affinity which determines the combination of inorganic bodies. As before said, strychnia will in some cases produce paralysis, and in others wake up to action the paralysed nerves. Now, the atoms of a given portion of the brain of any two individuals thus oppositely influenced by the same medicinal agent, is in an opposite electrical state, negative in the one and positive in the other; and should we not expect opposite results to be developed, when one remedy is made to act upon two bodies diametrically opposite? Again, a remedy perfectly appropriate in one stage of the series of the phases of any disease is absolutely injurious in each of the other recurring stages, a remedy may be working well with the system one hour, and if repeated four hours afterwards, may be working against the laws of periodicity, and thereby aggravate the disease. (Vid. ax. iv. infra.) From this cause, disease is not unfrequently perpetuated from week to week, and the patient is made a sicker man by the remedies given him, simply because neither the *true* nature of the disease nor the action of the remedy is understood. Thus, too, we see the folly of prescribing any single medicine to be given every few hours for a period of twenty-four hours, in ordinary acute or subacute attacks, when we *know* that the patient, during that time, *must* and *does* pass through different stages of disordered action, viz., depression, accession, etc.

In conclusion, we assert (PRIN. or AX. viii.) that the many diseases which physicians for thousands of years have been treating as so many distinct and separate localisms, are all in reality results or developments of repeated intermittent attacks of general febrile disturbance; and that such localisms, if not directly produced by chemical or mechanical injuries, will invariably be found to have been preceded by chills,

heats and sweats, general or partial; or in defect of the sweats, by a morbid increase of the renal secretions, or some other secretory organ; of each and all such general symptoms, the attentive observer will in every case detect intermissions or remissions; and further, that external injuries, if somewhat severe and protracted, whether produced by chemical or mechanical agencies, are followed by the same constitutional phases of disorder, which precede the development of the several localisms of disease.

From the principles thus briefly advanced, it is self-evident (AX. ix.) that if the constitutional disturbance be arrested, and its paroxysms subdued, all the local developments to which the constitutional disturbance gave rise, (developments resulting from a greater predisposition to disease of some part more than any other,) will also disappear, and seldom will these local manifestations require any local remedy whatever.

Now let young practitioners (if older ones, wedded to old theories will not) observe attentively at the bedside the phases of disordered action, and they will most assuredly find that "all diseases are essentially intermittent," though we "are ignorant of the nature and source of periodicity," Mitchell) or that it is a fixed "law" of nature, and the human economy in health or disease, (Marshall Hall).

To show that such is the fact, as before said, will be *meus labor* in subsequent papers.

A Case of Perforation of the Intestines, with Escape of Worms. By E. REED, M. D., of Indiana.

The following is a brief account of a perforation from the intestines through the umbillicus, giving exit to two worms, one 11 inches in length and the other 10½ do.

The case is a child of mine, (boy, two years old) having been afflicted with intermittent fever, also giving or presenting symptoms of worms, which was sometime in the fore part of July last. Having broken up the ague with quinine, there was yet difficulty existing. Supposing worms were present,

gave worm seed oil and turpentine for three days; after which gave heavy dose of calomel and rhubarb. Bowels were moved freely, but expelled no worms. Diarrhea and distention of the bowels ensued, for which I gave anodynes, and applied poultices of hops and vinegar to the bowels, which partially removed the difficulty at that time; then gave, for three or four days, calomel, ipecac and opium in alternating doses. Continuing the hops and vinegar, the result was, the general health of the child improved, presented every appearance of getting well for about three or four weeks, at which time, (July 28th, '55,) former symptoms arose again. Diarrhea set in, with swelling of the bowels. Pursued the above course of treatment again, symptoms somewhat modified in two or three days, when, on the evening of 31st, I discovered a tumor at the umbillicus. Continued poultice during the night, on the next morning found tumor ruptured, puss issuing at the same time, a large lumbricoid worm presented at the orifice. I then took my forceps and extracted the same, it measuring 11 inches. On the next examination found another, extracted it; length 10½ inches. This last was followed by a small amount of fœces, which gave evidence of its passing from the inner walls of the intestines. Not recollecting anything of the kind in my text books, I was for a moment at a loss what to do. However, after discovering no more worms, I applied pad and bandage over the umbillicus; then, supposing there were more worms present, again treated the case for worms, using spigelia, followed by castor oil and turpentine, expelled none, nor the appearance of any; after which, I gave diluents and mucilaginous drinks, with opium calomel and quinine. Continued poultices and mild laxatives, under which treatment the tumor gradually became less, and the swelling subsided, and the bowels resumed their normal size, tenderness gradually subsided, orifice of the tumor continued to improve, until it perfectly healed. Has had no symptoms of the kind since, nor intermittent fever. He is now hearty and healthy, very fleshy, as regular in his bowels as any child.

Abortion and Ergot. By D. M. McCann, M. D., of Napoleon, Ohio.

I read an able article in the July number of the *Lancet*, by M. M. Pallen, upon "vomiting in pregnancy." The whole tenor of that article commends itself to the profession. Every physician of experience must have had his patience, humanity and medical skill severely tried with cases of the class referred to. It is not my intention, however, to trouble you or the profession with extended remarks, but premise, as observed by Professor Pallen, that it is now the judgment of the enlightened of the profession, both of Europe and America, that abortion is not criminally wrong when adopted to save the life of the mother, and that it is only by this means that we can hope to do so, in some cases of vomiting during pregnancy.

Six methods have been proposed or collated by Professor Pallen to accomplish this object. Among these he prefers the dilation of the os and cervix uteri by means of sponge tents, and condemns as hazardous the puncturing of the membranes, which I am satisfied, if properly performed, is much the most safe and certain plan. I have often performed it in this way, and believe I can safely and certainly do it in every case. My manner of doing it is to first pass through the os uteri into the uterus a small gum elastic bougie, armed with an iron wire so thin that it will retain the shape I may desire. With this, I use gentle force against the membranes, and if they are tough, and do not readily lacerate, I withdraw this bougie and introduce another bougie, armed with a sharp pointed wire. The point of the bougie being cut off, so that when the point of the bougie rests against the membranes, I can press the wire through it and rupture them. Do this slowly and carefully, and have the patient's feelings to govern you, and it is safe. If you touch the walls of the uterus, a prickling sensation will be had by the patient. The placenta has no feeling. By this means success is certain, and the danger imaginary.

As soon as this is performed, to ensure the speedy expulsion of the fœtus or embryo, I administer ergot. Firm contractions of the uterus will ensue from the use of this drug, and hence that which is most to be feared with a patient already weakened by vomiting, viz., uterine hemorrhage, is obviated.

But does ergot produce contractions of the gravid uterus? Twenty years experience, in at least occasionally using this medicine in my practice, satisfies me affirmatively upon this question, and that, too, as certainly as that quinia will arrest the chill of intermittent fever.

I have just re-read the discussion before the Cincinnati Medical Society, elicited by the essay of J. P. Walker, M. D., upon ergot, as published in the May number, 1854, of the *Lancet*. I perceive that talented and candid men there, as many others have done, bore their testimony negatively upon this question. With me, however, I have never been disappointed when I exhibited it, and hence I have no doubt of its specific action. I have used it in every stage of gestation. Allow me, however, to say that I know no article of materia medica so liable to be deteriorated in preserving or preparing for exhibition. The growth of one year will not have the same effect in similar doses of that of another. It is also much modified by idiosyncracy in regard to dose. I am satisfied that infusion in a close covered vessel is the best way of preparing it, being sure, however, to avoid too great heat. Not that all its parturient effects are induced by an essential oil, which escapes by the application of excessive heat; for that oil isolated with me has failed, while the whole infusion has not. The danger ascribed to it by some, from excessive doses, I apprehend is all imaginary, and other causes for the danger could probably be found. I have often taken an ounce of the pulverized ergot, and made one pint of infusion, and directed the patient to drink, at an interval of thirty minutes, all that the stomach would retain, and never saw the least injury result.

I have a professional friend who deems it right to use this agent illegitimately, and he informs me that in about one hundred trials, and that, too, upon persons of various ages and conditions of health, he has administered this drug prior to the use of anything else, and he always has had contractions of the uterus to ensue. It is also true that the patients—if such they might be called—in some instances took large doses to induce "pains." If this is true, and of its truth I have no doubt, I ask the sceptical does not this completely affirm this question? And do not those who neglect to use this agent, loose much in all those varied conditions where a firmer contraction of the uterus is so much required?

In further proof of this affirmation, I will relate the following case:—About eighteen months ago, Mrs. S———, a married lady of the city of C———, of sanguine-nervous temperament, called upon me for professional advice, being in this neighborhood. She informed me that she was in her third month of pregnancy; that because of malformation of the pelvic bones, it was utterly impossible to deliver her of a living child; that eminent men, with whose reputation I was acquainted, had declared she could not have a living child. I had the opinion of Dr. T——— on her case, and upon examination found a diameter of less than two and a half inches. I proposed an abortion, but she objected as she had had efforts made some weeks before, and a failure. I induced her, however, to try large doses of ergot, and prepared fully an ounce of it by infusion, and told her to drink all she could. She swallowed all of it in less than four hours! When she began to take it she was in excellent health and free from all pain, but before two hours elapsed, she had severe "cutting pains," and at the end of about four hours, the os-uteri was dilated so that I could introduce the point of my index finger. To expedite labor, I then ruptured the membrane, and the embryo and placenta were soon discharged, and in less than a week she was able to take the packet and cars for home, where she arrived enjoying reasonably good

health. This is only one of many cases which has passed under my notice, equally plain, and that the parturient pains in this case were of *ergotic* origin, is as evident as that your talented Prof. W——— is a disbeliever in ergotism.

I opine that ergot acts as a stimulant to the lower spinal ganglia, in the male as well as the impregnated female. In proof of which I will add another to the cases heretofore published. (See a case in *Western Lancet*, 1854, p. 519.) Mr. M———, aged twenty-six years, had an attack of paralysis of the inferior extremities. Motion was *completely* suspended. All the usual remedies, such as frictions over the extremities, caustic issues over the lumbar region, cathartics, guiac, strychnine, &c., &c., were fully tried for months without any marked benefit. The patient was then removed to the central part of the State, and his physician put him upon the daily use of ergot. The result was a prompt and decided benefit. He is now convalescent. Certain pathological conditions of the spinal cord would certainly contra-indicate this or any other stimulant directed to it. The sound judgment of the physician ought to determine this.

Hemorrhage of the Uterus from Fibrous Tumor. By E. B. HARRISON, Napoleon, O.

In the various scientific works on disease of the uterus, we find that this class of tumors, are, almost always described as being calcarious, or at least cartilaginous. And from the pathology of *that* particular form of tumors there would not, in all probability be hemorrhage. In fact, the only symptoms frequently found are in the last stage; and caused by the bulk, and pressure on the surrounding organs. Boyle records a case in which the tumor is described as being first fleshy, afterward cartilaginous, and finaly osseous. But in no period of the development was there bleeding. In the Cyclopedia, Prac. Med. Vol. 4, page 605, by Dr. Robert Lee,

there are numerous cases reported, all of which have a tendency to prove that calcarious concretions, discharged from the uterus, originate as fibrous tumors; the researches of Bichat, Knox, Burns, and many others, sustain this view. The treatment in this variety of tumor depends of course, on the peculiarity of the case, the general plan however, is, with a view of increasing the absorbents with murcury in small doses, and frictions to the abdoman, or fly blisters iodine, etc. When the tumor is of large size and impinges on the surrounding organs impeding their functions or causing alteration, removal by operation is suggested. Prof. Simpson has performed the operation by enucleation, destroying the outer coat by caustic potash, and then remove the tumor. Churchill speaks of a severe operation performed by Dr. Atlee of Philadelphia, but remarks, "I do not think, however, that the chances of success are worth the risk." I have met with some cases that seem to be of the fibrous or fleshy character but presenting a wide difference in the symptoms, and I think a description of them may be useful, at least to some of the young practitioners that read the Lancet.

PRESENT CONDITION.—Found the patient much reduced, pulse small and feeble, skin pale and slightly yellowish, gums loosened from the teeth and of a bluish cast, appetite poor, bowels constipated, disordered *primæ viæ*, *tinnitus aurium*, syncope would ensue if the patient was elevated, etc.

PREVIOUS HISTORY.—Mrs. D——, married, aged 19, a month previous, while engaged in the household duties, was suddenly taken with severe uterine hemorrhage, had been regular for some months previous in the menstrual flux, general health good. The physician called, prescribed Act. Plum. opium, cold locally, recumbent position, etc. The discharge ceased in due time, and the patient though weakened, again persued the usual avocation; in a few days the hemorrhage came on again with severity. The patient was often free from the flooding for three or four days at a time, and during those periods of quiet was free from pain, and only suffered from debility and its consequences, there was no

discharge of unhealthy matter from the vagina. An examination was made per vaginum but disclosed no congestion or abrasion of the *os*, neither could the Doctor detect polypus or tumor, the os was but slightly dilated. The flow was so great at one time that the tampon was made use of, the whole list of astringents were used, ergot etc., but as before mentioned with only temporary relief.

EXAMINATION AND TREATMENT.—When called to see this case I found that something different from the previous treatment was required in order to relieve, or the patient must sink. I suspected polypus or prediculated tumor, and was determined to make a thorough search for the cause of all the trouble. The patient had just been flooding and the parts in consequence were much relaxed. Accordingly I had the patient placed on the left side with legs drawn up etc., then introduced the index finger of the lift hand into the vagina and passed it up to the os which I found dilated only sufficient to admit the point of the finger, the os however was dilateable, and forced my finger into the womb, passed it carefully around the smooth surface of the neck, but could detect nothing, began to fear I had mistaken the case. I then had firm pressure made on the hypo-gastrium to force down the uterus, passed my finger up to the fundus of the uterus, and found an elevation half an inch in hight. Passed my finger around and found it firmly attached, with a base an inch in diameter, and circular in form. It had a solid feel like muscle; there was no pain on pressure. I then endeavored to scratch it off but the finger was too much confined to use force sufficient to remove it. I then introduced a pair of polypus forceps, guided them carefully to the tumor, and removed it a piece at a time, the pain was considerable, the bleeding however was slight. In about fifteen minutes from the commencement of the operation it was all removed, I ordered tepid vaginal injections twice daily to wash away any particles that might be thrown off, likewise to sooth the parts and guard against inflammation that might result from the handling. Prescribed

iron and soda with laxatives of rhubarb. There was no more bleeding and the patient made a quick recovery. In texture the substance was fibrous the fibers running parallel with each other from base to apex and the interstices filled with vascular substance, no traces of cartilage could be found, neither was it surrounded with a coat of cellular tissue and hence the flow of blood. Dr. Druitt describes fibrous tumor as "being yellowish-white, firm, fleshy with few blood vessels and sometimes containing irregular patches of bone or cartilage." The opinion of other writers we have noted before, notwithstanding the difference between the preceeding and my cases I think each of them contain *fibers* sufficient to be classed under the head of fibrous tumors. I have met with two cases so similar in all their features that I will not intrude further on your patience, by a minute report. The treatment in each case was precisely the same and the result equally as satisfactory.

Proceedings of Societies.

Monthly Report of the Proceedings of the Cincinnati Medical Society. Reported by J. R. ATKINS, M. D. Rec. Sec'y. Jan. 2, 1856.

Society met at the residence of Dr. Fries. President in the chair. The minutes of the last meeting were read and approved.

The essay being in order Dr. Litzenburg read a report of some cases of ovarian tumor in connection with which he made some remarks on the surgical diagnosis, *i. e.* the distinguishing features of that class of ovarian tumors which can be extirpated without involving greater peril than is common to

other capital operations. Of those not amenable to surgical interference there are two classes, examples of which are given. The ovarian tumor of an acute inflamatory origin and rapid growth, the surgeon should if possible avoid, as we must conclude that the adhesions would be found extensive and extremely vascular, and the peritoneum for a long time, especially predisposed to inflammatory action; and should the patient survive the chronic peritontis attending the rapid development of the tumor, it frequently diminishes in size, so that she may live many years in comparative health, as the following case will illustrate.

May 27, 1849, was called to see Mrs. P——, found her with a greatly distended abdomen, resembling a woman at about the seventh month in pregnancy. The abdomen was very tender to the touch, complained of a feeling of painful distension. Upon careful examination a tumor of the right ovary was discovered, fixed and very little evidence of fluctuation. she stated that the abdomen commenced enlarging since her confinement three months previous, that from exposure she had an attack of inflammation (evidently peritoneal), for which she was bled and actively treated for about two weeks. Advised her that no operation could be performed with any degree of hope of improving her condition, that so soon as the inflammatory tenderness should entirely subside the further growth of the tumor would probably be suspended, she has since been delivered of a healthy child, and during her pregnancy the tumor diminished in size about one-third, it so remains, and she now enjoys a tolerable degree of health.

Ovarian tumor of malignant growth should not be touched with the knife. Mrs. S——, was delivered of a healthy child about the 1st. of February, 1855. Six weeks after, she complained of incontenence of urine and cough. Previous to her confinement she had been a remarkable healthy woman, and the mother of four children, the eldest six years old. On making a careful examination a tumor of the right ovary was discovered about six inches long and four inches broad,

rather tender on pressure, but not painful when at rest. Regarded it a case of acute tuberculosis. The tumor gradually increased in size with increased tenderness, which extended over the whole abdomen. The cough becoming very distressing with profuse expectoration, extreme emaciation, chill, night sweats, diarrhœa, etc. She died in the early part of July. No post mortem examination could be obtained, but the symptoms clearly point to the rapid deposit of tubucular matter in the ovary, and coincidentally on the lungs as their cause.

The influence of pregnancy on development of ovarian tumor, the following case may serve to illustrate in some degree. Mrs. ——, aged 44, imagined herself pregnant, early in March last, she is the mother of nine children. In May she requested attention to her case on account of some strange and rather painful sensations in the hypogastric region. The abdomen had enlarged with unusual rapidity: on examination the left ovary was found enlarged to about the size of a pint mug—not painful, not even tender, but with decided evidence of fluctuation, it had formed no attachment to the adjacent viscera, and had great mobility. The uterus was also enlarged quite as much as it ought to be at two and a-half months. Prescribed the iodide of potassa in six grain doses three times a day advising her to use the very smallest quantity of food upon which she could possibly subsist. On the first of June the uterus and tumor were of about equal size, and this relation was maintained until the first of July with unmistakable signs of pregnancy; from the middle of July, until the present time there has been no sensible alteration of the tumor. She was delivered in November of a healthy child, and both are now doing well. The tumor gives distinct evidence of fluctuation, and is quite as moveable as when first examined.

It will not be necessary to make any remark as to the points involved in the preceeding cases, merely stating in reference to the last, that its rise was coincident with, and its

progress for the first four and a-half months of its history was equal to a natural pregnancy, with subsequent arrest of development. Nor will it be necessary to allude to the literature of the profession on this subject, confessedly meagre, some of our best authors passing it over in entire silence, and two amongst the most distinguished operative surgeons in America condemning the operation altogether. Pancoast in his great work on operative surgery does not even mention that such an operation has ever been performed, and professor Mutter in his lectures utterly condemns the operation under all circumstances, and denominates it "ripping women up," yet the statistics of the operation will show that it is not more hazardous than amputation at the hip, or tieing the subclavian, either of which is undertaken by this distinguished gentleman without a moments hesitation.

For his own guidance he has laid down the following rules. 1st. not to operate when there is evidence of tuberculosis or scrofula. 2d. in a case of acute inflammatory origin and rapid growth, nor in any case where there has been recent evidence of peritoneal inflammation. 3d .that the simple cystic tumor is best treated with the trochar. 4th. that proliferous, cystic and compound cystic sarcomatous tumors are best treated by the knife.

The following is a case of the latter class of tumors copied from case book.

April 29, 1855. Was called upon to see Mrs. J. R., of Boone County, Kentucky, who had been brought by her friends to the village of Industry, Hamilton County, Ohio, for surgical relief. Had a large pelvo abdominal tumor distending the abdominal parietes to such an extent that any satisfactory examination could not be had. Reported that it had been growing two years, but very rapidly for the past six months. That it commenced on the right illiac region and extended across the abdomen diagonally upward and to the left side. Some solid substance was detected by examination *per vaginam*, contracting the pelvic cavity, yet leaving the uterus *in situ*, and could be moved tolerably freely on the

end of the finger. The outline of the tumor could be felt in the abdominal cavity by hand pressure, with a firm band dividing it into two nearly equal parts, giving the sensation to the touch of two distinct tumors; the one occupying the right half of the pelvis, together with the right and middle portion of the abdominal cavity. The left side was apparently filled with a distinct tumor, yet not extending so low into the pelvic cavity. The whole presented distinct evidence of fluctuation.

In consultation with Drs. Leonard and Lindsey, it was agreed that as much of the fluid as possible should be abstracted at once for the purpose of rendering more satisfactory the examination, accordingly a medium size trochar was introduced two inches above the umbilicus, in the linea alba, and sixteen quarts of adhesive albuminous matter discharged. This did not allow of a satisfactory diagnosis with reference to the probable amount of adhesions between this enormous diseased mass, and the adjacent viscera. On the 19th of May the trochar was again introduced two inches below the umbilicus in the linea alba, and fourteen quarts of albuminous fluid drawn off. The tumor then gave indications of being somewhat fixed by adhesions, but the two tappings had not materially diminished the bulk of the abdominal aspect of the body. There was still extreme tension of the abdominal parietes. and great discomfort. The emaciation of the body and extremities extreme; yet the appetite was good, she took more food than at any other period of her life. She felt that her unnatural appetite was shortning her days and constantly added to her discomfort. She beged that an operation for the radical extirpation of her enemy might be performed. She declared she did not fear the issue, yet she had been candidly informed of its perils, that she might die in the operation or in a very few hours or days. But she beged the more importunately for this last, and only chance for her life. On consultation with Drs. Lindsey and Leonard, I concluded to operate for what we believed to be a compound cystic sarcomatous tumor of the right ovary; and the 22d

of May was appointed for the operation. On the afternoon of the 21st a full cathartic was administered of compound rhubarb pill, to be repeated until *four* free alvine evacuations was produced, and she was directed to make her first meal on the morning of the 22d, of strong beef broth. Half an hour before the operation two pints of warm water was passed into the lower bowels, which being discharged, together with the evacuation of the bladder, completed the preparation.

The linea alba was marked with nitrate of silver from three inches above the umbilicus downwards eighteen inches (the abdomen reaching to near the knees,) this was again checked across at intervals of three inches as marks for sutures, the patient coming rapidly under the influence of chloric ether, the operation was commenced. An incision eighteen inches in length through the linea alba completely exposed the tumor, which was found adherent to the walls of the abdomen throughout, to the omentum major, to the colon, to the small intestines, to both illiac fossæ, in fact the whole mass weighing more than forty pounds had made adhesions with the parts adjacent. The pedicle of the tumor was attached in the right illiac fossa, and about one inch in diameter. The continuation of the pedicle in the form of a hard band extended across the tumor diagonally upward and to the left side, giving it the appearance of two distinct tumors. The adhesions were broken up with the hand. The cysts (about seven in number) were opened, with the bistory, and three gallons of fluid caught, about one gallon of which appeared to be yellow pus. The pedicle was secured by a double ligature, a sufficient length of pedicle was left in the pelvic cavity to reach the lower boundary of the tegumentary wound. A hair pin was passed through the tegumentary tissues one inch above the lower point of their division and the pedicle ligature securely attached to it by a few turns of the figure of 8, so that the end of the pedicle and all of the ligatures remained withuot the cavity of the peritoneum and buried in the fat of the lowest point of the tegumentary wound. The abdomen was closed with four sutures passed through the

tissues, the whole covered with long adhesive strips. The pelvic and abdominal regions of the body were invested with a roller bandage six inches wide, made of cotton flannel and the patient placed in bed on a hard mattrass. Two hours after the operrtion,—complains of no pain—pulse 130 and soft. Takes one grain of opium in pill every three hours, and one and a half hours after each pill quarter grain of murate morphine in solution, drinks barley water, (two ounces barley to two pounds of water,) with ice as much as is desired.

23d. A. M. rested well during the past night, pulse 116 has more volume, no pain, has passed urine twice without the catheter, feels hopeful. The opium and morphine to be continued, drink the same.

24th. A. M. has had no discomfort during the past twenty-four hours, pulse 112 with favorable volume. Continued treatment.

25th. 9 A. M. pulse 110, sleeps well, feels well, treatment the same.

26th. 9 A. M. symptoms still favorable, pulse 106, bandage reapplied and treatment as before.

27th. much the same as yesterday, pulse 98, wound shows same disposition to suppurate, smells a little offensive, removed the bandage and adhesive strips, but find little cleansing necessary, dressing re-applied and treatment continued as before.

28th. has some abdominal distension, pulse 104, tightened the bandage and continued treatment.

29th. 9 A. M. is not so well this morning, complains of painful distension of the stomach. One grain calomel to be added to each pill, to be taken as before, the morphine increased to one third of a grain every three hours, and the following mixture.

℞ Anisi Sem. ʒiij
Manna Opt. ʒi
Aqua. ferventis ℥viij M.
Macera per hora, dein cola et adde.
Magnes Carb. ʒiij

ʒiss to be given every two hours till the bowels are moved.

30th. 4 o'clock A. M. Has had an uncomfortable night; pulse 120, suffers from abdominal pain and some nausea. Filled the rectum with warm water, but it was discharged without relief. Introduced a large rectum tube ten inches, and through it passed three pints of warm water which was immediately discharged with a great quantity of gas; expressed great relief, pulse fell 16 beats in one hour. She is importunate for food and declares she is starving—ordered six ounces of beef soup every six hours, the calomel to be discontinued, opium and morphine as yesterday.

31st. 9 o'clock A. M. Is much improved, is again hopeful, pulse 94, has had three alvine evacuations without pain, sits up during her dejections, urinates freely, has no pain—wound looks healthy, morphine to be discontinued—takes a pill containing one grain of opium every two hours—the beef soup as yesterday, and is allowed one tea spoonful of brandy every three hours, and squirrel leg at evening.

June 1st. 9 o'clock A. M. Much as yesterday, pulse 90, desires a larger allowance of food, sutures removed and the treatment continued.

2d. Doing as well as could be desired, pulse 90, opium pill every three hours, confined to six ounces of chicken soup every six hours.

3d. Is very cheerful to day, bandage adjusted and opium continued—diet the same as yesterday.

4th. Has had three alvine evacuations with tenesmic pain durimg the past night, pulse 90, continued the opium, and give a quarter grain of morphine every three hours. Diet, six ounces soup evry six hours.

5th. 9 o'clock A. M. Is cheerful again, pulse 80, appetite good, one half of the pedicle ligature has come away, wound is found closed except at the point where the ligature passes, sits up in bed—no pus—no pain, no thirst, treatment continued except the morphine which was suspended.

6th. Feels remarkably well this morning, pulse 80, desires more food, and to sit in a rocking-chair. Made a careful

examination of the remaing ligature, and found the end of the pedicle adherent to the lips of the wound, and knot on the ligature without the cavity of the peritoneum, the abdominal cavity is closed; esteem her beyond all danger, yet confined her to the bed, allowing her to set up one fourth of the time, opium continued, ten ounces of soup every six hours.

From this time till the 18th, the symptoms remained about the same. The opium was gradually withdrawn and the food increased; on the 8th, the remaining ligature was found loose and removed, one close dressing closed the wound, and she returned to her home in Kentucky on the 22d day after the operation.

On the 22d day of August, (three months after the operation), I met her in the village of Industry she had walked five miles that morning, and was in the enjoyment of excellent health. I have heard from her within a very few days through a medical gentleman (Dr. Shamlin, of Burlington Kentucky), she declares that her health is better at the present than ever before in her life.

In conclusion I will recapitulate some of the points of interest in this case.

1st. No preparation of the patient was attempted further than the complete evacuation of the bowels.

2d. She was kept fully under the influence of chloric ether during the operation and dressing.

3d. The largest liberty was taken with unimportant structures, and consequently the embarrasment of tugging a large tumor through an insufficient tegumentary opening avoided.

4th. The pedicle ligature was constantly kept without the cavity.

5th. She was kept constantly under the influence of opium; taking eight grains and two grains of morphine daily, for fourteen days, the influence was maintained constantly, evenly and to the extent she would bear, demonstrating the great anti-inflammatory power of the drug in wounds of the peritoneum.

6th. for food and drink she took only iced barley water for the first nine days, and no solid food for fifteen days.

Dr. Fries related the following case. In March last he was called to see a lady who came to this city for medical advice. She then presented all the appearance of a woman at full term of utero gestation. Having, upon examination and the history of the case, satisfied himself that it was one of ovarian tumor, and one suitable for an operation, he advised accordingly: laying before the woman and her friends the dangers liable to occur. After mature consideration she decided upon having the tumor removed. Some slight preparatory treatment was ordered, consisting of aperients and light diets. During this course she was attacked with severe pain in the right side, with considerable tenderness on pressure, and with some slight pain in the back. The former, to which his attention was most particularly directed, was relieved by the application of leeches, etc.; the pain in the back, however, became more severe and alternating. Upon examination per *vaginam* a fœtus of about two and a half months was discovered, which was shortly afterwards expelled. The operation was consequently defered for about six weeks. At the end of that time, assisted by some of his medical friends, he proceeded to operate for the extirpation of the tumor. An incision was made about ten inches in length through the linea alba. The peritoneum was found closely adherent to the walls of the sac, and without being aware of it both cavities were opened at once, allowing a large quantity of fluid to escape. The adhesions extended the whole length of the incision, and supposing the same condition to exist throughout the whole extent, it was thought advisable to evacuate the fluid and allow the sac to remain, and depend upon injections to prevent a re-accumulation of the fluid, the wound was accordingly closed. Six days afterwards the tumor was found to be filling rapidly, and on the tenth was nearly as large as before the operation. Nausea was exceedingly troublesome. The next day the cicatrix burst open and

a discharge, most fœtid, flowed from the wound. The sac was again emptied and closed, and injections of nitrate of silver were used for three or four days. Diarrhea set in with nausea, which nothing seemed to allay. Various other injections were tried without avail; finally extirpation of the sac was determined upon, which was accomplished without much difficulty, the adhesions extending over about one-half the surface and easily detached. The pedicle was allowed to remain within the cavity of the peritoneum attached to the ligatures passing through the lowest point of the incision. The wound was again closed, but no adhesions took place; the nausea and diarrhæ continued, and death closed the scene seven days after the removal of the tumor. He considers the great error in this case was in not completing the operation at first, when, he has no doubt, it would have been successful. No man should be deterred from completing an operation of this kind when commenced, no matter what may be the opinions of those around.

Dr. Blackman operated on Saturday two weeks ago in Covington, for ovarian tumor. This woman had been tapped several times, and for the last time five days before the operation; during that time the tumor had regained its usual dimensions. On its removal it weighed about twenty-two pounds. The adhesions were few and easily broken up. The pedicle was left in the cavity of the peritoneum attached to the ligatures without. He never saw a wound heal more readily, even of the extremities; no bad symptom followed, not even nausea which she always suffered from after tapping. The fatal period being within eight days from the operation, she may be considered out of danger. With regard to cases having extensive adhesions to such structures, interference with which would endanger life, he would scarcely have courage to proceed to the removal of the sac. As some cases of spontaneous cure had been reported, he would give one which came under his notice some years ago. The woman was attacked with a severe pain in the left side. Adhesive in-

flammation took place, and ulceration into the rectum, through which the fluid was discharged.

Dr. MUSSEY says that Dr. RIMBAL, who had operated more than any man in Massachusetts, was in the habit of making an exploring operation, when, if extensive adhesions were present, he declined any further interference. He proposes when next he operates to cut the sutures short and leave them within the cavity of the peritoneum. One case of spontaneous cure had come under his notice. The tumor had existed for twelve years, and during that time she bore three children. When called to see her she was suffering from acute peritonitis and extreme tenderness in the right side. Being led to infer from subsequent examination that the adhesions were extensive, he did not think it advisable to operate. Tapping was resorted to with considerable subsidence of the tumor. It, however, filled again and burst, the fluid passing off by the vagina. He was unable to discover the point at which the communication took place, but from the patency of the os uteri and the sensations of the woman, he was led to infer that it was through the walls of the uterus. The fluid discharged was albuminous, clear and somewhat brownish. It filled twice subsequently, and was discharged in the same manner. She has had no return of it since, now some years.

Dr. BLACKMAN asked if any fatal cases had been known to follow the use of the trochar. He was present at a discussion of this subject some years ago at the London Medical Society, when eleven cases were reported by Dr. Carmichael Smith, which had proved fatal from puncture of the epigastric artery. The method employed by Dr. Rimbal, though a good one, could not be relied upon in all cases, as instanced in that reported by Dr. Fries, which presented complete adhesion anteriorly, though probably free posteriorly.

Dr. MUSSEY remarked that Dr. Rimbal did not rely merely upon the amount of adhesion discernable anteriorly, but by means of a silver catheter passed around the tumor, he was

able to determine the amount of adhesions internally and posteriorly. He has never seen any danger from the use of the trochar, but has known mistakes to arise from neglecting to pass the catheter into the bladder. That organ in a distended state from the retention of urine has been pronounced ovarian tumor and tapped as such.

Dr. Armor was interested in the tubercular form of degeneration of ovarian tumors, as spoken of by the essayist, Rokitansky, regarding the ovaries as exempt from tubercular deposit. With regard to the physical diagnosis of ovarian tumor, percussion will aid in distinguishing it from ascitis. When ovarian, the tumor rises in front of the intestines, giving a dull sound on percussion, but deep on the pelvic floor some resonance will be found. In ascitis, on the contrary, the intestines floating in the fluid will be situated sufficiently near the surface to give resonance at the superior portion; but when the intestines are more fixed dullness will be manifested. In ascitis the wave on percussion will be manifest throughout; in ovarian tumor it will be confined to the limits of the tumor.

He would ask what has been found to be the result of injections on the disease. Prof. Ackley, of Cleveland, has been successful in 5 or 6 cases. The plan adopted by him, and which he believes to be original, consists in passing exploring needles through the walls of the cist, for the purpose of producing adhesive inflammation. When this is accomplished, he taps at the point of adhesion and injects with iodine.

Dr. Mussey has used injections twice, which has caused a great deal of suffering, without producing any benefit.

Dr. Blackman said he knew of one case where injections had proved fatal.

Dr. Mussey said that his father was in the habit, when the tumor was composed of several sacs, having drawn off the fluid from the superficial, he passed a catheter through the canula, and with it discovered the next point of fluctuation, and there retaining it, he passed in a sharpened stilet,

with which an opening was made, and the canula pushed through, and the fluid withdrawn.

Dr. Carroll made some remarks on the necessity of careful diagnosis, some cases of natural pregnancies, to his own knowledge, had been pronounced ovarian tumor.

Dr. Wright had no intention to engage in the discussion of any branch of the subject under consideration, but he would answer an interrogatory presented by Prof. Blackman. About three months since he was invited by a medical friend to visit a patient, a young lady, suffering from an ovarian tumor. It was then confined mostly to the right iliac region, that is, the solid tumor. From the size and shape of the abdomen it was evident that a softer structure, perhaps a cyst, constituted a part of the diseased structures, although no fluctuation was detected. The abdomen continued to enlarge, breathing was interrupted, and the patient was becoming more and more feeble. Two or three weeks ago, the condition of the patient seemed to demand tapping. It was performed, and about three gallons of thick, ropy molasses-like material was slowly, and with difficulty discharged through a large sized canula. In less than forty-eight hours the case terminated fatally. An autopsy revealed extensive adhesions, a solid ovarian tumor, weighing, perhaps, three or four pounds, a single cyst, filling the abdomen, and still containing a considerable portion of fluid. No fluid had escaped from the opening made by the trocar.

It is probable that many cases of ovarian tumor would yield to appropriate treatment employed at an early period. But the patient remaining in good general health may not discover the swelling until it has attained considerable size. Success, in three cases, by the internal and external use of iodine, has given me considerable confidence in the efficacy of the remedy, and especially if the tumor consists of mere hypertrophy.

Associated with hysteria, a swelling, perhaps, of the sigmoid flexure of the colon, has led to a belief in the existence

of ovarian tumor. And many points of interest might be given in connection with it, if time allowed.

We have much to learn, or rather to discover, respecting the treatment of ovarian diseases, for these diseases are more numerous than the every day practitioner, not having opportunities for post mortem examinations, is led to believe.

The ovaries, in a diseased as well as healthy condition, exercise a control over the functions of other tissues. Leucorrhœa, of an intractable character, is often treated as an original disease; while it has been superinduced and controlled by morbid states of the ovaries. In my possession are several specimens of ovarian disease. In one there is a number of calculi, in another a quantity of hair and fat; the latter hard like lumps of tallow; in another the vesicles are enlarged and diseased, and so on. The persons from whom these specimens were removed after death, suffered much from leucorrhœa during her life, doubtless as a secondary affection.

It may be that after we shall have detected, by careful diagnosis, ovarian disease, or even after having felt justified in supposing it to exist, we shall not be able to summon to our aid any certain agent of cure. But we can at least withhold those remedies which, under some conditions, would be useful in leucorrhœa, as annoying, if not injurious. Even in this an important point is sometimes gained.

Dr. Woodward said cases of ovarian tumor had been met with in his practice, As far as he recollects the results of the cases operated on, which were few, was as follows. One was operated on by Dr. Chamberlain; died the second day. The next was also fatal, and the third also. One case had been reported in Philadelphia, which was fatal, caused by breaking extensive adhesions, and from hemorrhage. This is a much larger mortality than presented by the essayist, and would ask with such statistics, have we any right to continue the operations; is it because by doing so we may gain

a little eclat as operators, that we thus peril the life of a patient; or are we merely led by the solicitation of the woman to jeopardise her life for the sake of relieving her from a disease not necessarily fatal, and with which she may live in comparative comfort for many years? He would ask the question, if by an operation we cut short the life of a patient, is such an operation warrantable?

Dr. Litzenburg said the statistics of Dr. Woodward needed some correction. All the cases which he has been able to collect, showed only a mortality of 1 in 3. With regard to deposits of tubercular matter in the ovary, he would state that in a post mortem examination, in which disease of the heart had proved the cause of death, both ovaries were filled with tuberculous matter, and a scirrhus condition of the uterus.

The presence of ascites would not prevent his operating on an ovarian tumor.

Dr. Blackman said that if the operation for ovariotomy should be abandoned from its relative mortality, the same would also extend to other operations, which, when compared do not present results more favorable. Take, for instance, the ligation of the subclavian. This has now been done in 100 instances, and has proved fatal in 64; the carotid, in about 200, with a mortality of 1½ in 3 or 4; the femaral 1 in 4. Mr. Fenwick, in his extensive statistics of amputations, gives a mortality of 1 in 3. Nelaton, of Paris, reports a mortality, after amputations, of 10 in 12. Dr. Atlee reports 200 cases of ovariatomy, with a mortality of 1 in 3. With such an array of facts we connot be called upon to relinquish one, without extending the same objections to the others.

Dr. Woodward deemed the premises untenable; operations such as Dr. B. described, are not undertaken, except the condition of the patient will admit of no other alternative. Can the gentleman for a moment regard the operation for aneurism, which may burst and destroy the life of the patient in the same light as that of ovarian tumor, with which life

may be prolonged, without interference, for many years? Can the danger of an operation which, as represented, demands a sacrifice of one life in every three, be reconciled with the trivial amount of suffering complained of, and from which she implores the surgeon to relieve her by an operation. That she can fully appreciate the consequences cannot be urged; impressed with the idea common to human nature, that all are mortal but ourselves. He would not, however, oppose the urgent request of a patient for the operation of ovariotomy, provided there remained to her a good constitutional vigor, and a reasonable belief in the mind of the operator, after a careful diagnosis, that the adhesions were not extensive or seriously complicated.

Dr. Blackman stated that statistics showed the duration of life with ovarian disease did not extend beyond 3 or 4 years; whereas, popliteal aneurism has been known to exist for 10 years, nor does it now often demand the ligature, thanks to the Dublin surgeons, who introduced and were the first to use the compression successfully.

Dr. Crume related a case where 72 pints of fluid had been removed by the trochar, no injection was used, and the tumor is again filling. The health of the woman was much improved in the meantime.

Some 18 years ago he was called upon to operate for ovarian tumor, which, however, was found to be a case of tubal pregnancy; about ten years previously she was supposed to be in labor, and thus continued for two weeks. When all the symptoms vanished, she enjoyed good health for a year, when she was again attacked with what were supposed to be labor pains, which again disappeared. This occurred ten times at the end of 10 successive years. During the last four occurrences the Dr. was present, and at each time a palpable decidious membrane was thrown off. The operation for ovariotomy was then determined on, and tubal fœtation was discovered.

Dr. Blackman spoke of the accidental twisting of the

pedicle, which has caused the death of the woman, presenting another urgent motive in favor of the operation.

Medical News.—Dr. Krause, Chairman.

Paslo Montegazza, a Lombardian physician, proved by experiments on animals, that neither strychnine nor hydrocyanic acid, when brought into contact with a nerve that has been laid bare and isolated, act directly by the nerve upon the centres of the nervous system, but the poison is always resorbed by the capillary vessels entering the neurilemma of the respective nerve; for no symptoms of poisoning whatever came under observation, after the circulation had been stopped by tying the large blood vessels and excising the heart.

Giovanna Battista Franchine, of Sarzana, highly recommends cinchonine as a very efficient remedy in hysterical affections, especially for gastralgia, leuchorrhea, want of energy of volition, and for obstinate hysterical vomiting. In other neuralgic diseases, the remedy was not found equally useful.

Kletozinsky says, in the Wiener Zeitschrift, that the preparations of iron given in cases of chlorosis or anæmia, are not resorbed at all. He found repeatedly, and without any exception, that nearly all the iron taken by himself, re-appeared within 36 hours in his fœces. If, nevertheless, the therapeutical efficacy of iron in the diseases mentioned, is an indisputable fact, its mode of action is to be explained in some other way than by absorption. He adopts, therefore, Hannon's theory, that sulphuretted hydrogen and other gases, normally found only in the inferior third of the alimentary canal, are formed in chlorotic persons, already in the small intestines, or even in the stomach, where they produce the dyspeptic symptoms so common with such patients, and by combining with the iron, contained in the food, into indissoluble compounds, withdraw from the red cellules of the blood one of their essential constituents. To prevent this loss of iron by the gases named, not only the preparations

of iron, but a great many of the metallic salts may be of service, for instance, the nitrate of bismuth and the salts of manganese, the efficacy of which the author has sufficient opportunity to re-affirm.

Berthold, of Gættingen, mentions the tannic acid and the tincture of gall nuts, as an excellent means to prevent and cure chilblains. He makes local applications with two drams of tannine dissolved in six ounces of water. The itching and burning sensation generally subsides within from two to three days; and ulcers, produced by frost, commonly heal under the same treatment in less than eight days.

Dr. Moritz tells in the Prager Vereinszeitung, that he treats varices in the following manner: He touches the varicose vein, after it has been moistened, with a stick of nitrate of silver, until some burning sensation ensues. Eight days after the eschar being thrown off, the vein has contracted. In most cases one cauterisation is sufficient; sometimes, however, it is to be repeated. He succeeded in curing in this way soldiers, who were dismissed from military service on account of their varicose veins disabling them to march.

Dr. Friedresch, in Wurzburg, reports the case of a man suffering from emphysema and hernia of the lungs. The hernia appeared only during some paroxysms of the cough, and disappeared again as soon as the paroxysm was over. It caused very severe pains, depending, in his opinion, on the distension of the costal pleura. The tumor was seen, as all others of the same kind which are on record, at the point of junction of the costal cartilages with the costal bones. There seems to exist some predisposition for the formation of a hernia in this region, being left uncovered by the external intercostal muscles.

The same physician has written an essay on typhoid fever, which contains some valuable remarks.

In nearly all cases, which came under his observation, diarrhea was present. The only exception observed was in the case of a man who had recently recovered from an attack of

lead colic. Nor did this same patient exhibit any symptoms of the usual affections of the respiratory organs.

The spleen was always found to enlarge within the first week of the disease. The volume of this organ either increased gradually or at intervals, in the same way it diminished. In grave cases the tumor persisted up to the stage of re-convalescence, sometimes repeatedly enlarging again, after it had begun to shrink. Tenderness of the left hypochondriac region was complained of by the patient only as long as the spleen was enlarging. The fever in most instances declined, when the spleen commenced to shrink. The author contradicts Traube's assertion, that a merely typhoid intumescence of the spleen can not be perceived by the touch, although he admits that a tumor of the spleen, accompanying or following intermittent fever, imparts to the finger a feeling of greater weight and compactness.

The aphony was not always found to depend on inflammation of the larynx or the pharynx, especially not when making its appearance in the latter stages of the disease. It is to be referred to the atony and relaxation of the vocal muscles, the similar condition of the muscular coat of the intestines producing costiveness at the same time.

Finally, he reports a case unexpectedly terminating fatally on the 17th day of the disease, by obstruction of the pulmonary arteries, caused by coagula of blood, which had apparently been formed during life in the right iliac vein, where torn fragments of the coagulum were found firmly to adhere to the wall of the vessel. The patient was chatting with one of his room-fellows, when he suddenly threw his arms about, made some deep and snorting respirations, and expired in a few minutes before the attending physician had arrived.

To relieve the cough, the powder of cochineal, ten grains of it given a day, was found highly beneficial. The sulphate of quinine did not diminish the volume of the spleen, when being enlarged after the patient's recovery from the fever.

Dr. Feissel, in Vienna, refutes Rokitansky's opinion, that the copper-red color of syphilitic eruptions of the skin is produced by the specific dyskrasy of syphilitic persons. He does not deny, that the quality of the blood may have some share in it, but the distension and new formation of capillary vessels, favoring the stagnation of the blood and the imbibition of its coloring principle into the adjacent tissue, is the proximate cause of the color. This was not only proved by microscopical examination, but can be seen also with the naked eye, especially on papulæ, formed on the margin of the eyelids, or, in general, on tender provinces of the skin, on the mamma, the groins, and so forth.

B. Langenbeck, in Berlin, (Deutsche Klinik) prefers the resection of the nasal process of the superior maxillary bone to every other method recommended, in order to get access to naso-pharyngeal polypi. The semi-oval incision of the skin, made by him, extends from the inner corner of the eye along the ridge of the nose towards the nostril of the same side. After having dissected the flap, thus circumscribed, he divides the nasal cartilages from the bones, introduces a short pointed saw through the division into the inferior meatus, and resects gradually advancing the nasal process of the upper jaw, a portion of the lacrymal bone, the nasal bone and inferior concha of the nose. The whole operation can be performed in five to eight minutes. No serious consequences are observed after it and polypi, which had frustraneously been operated for several times, were radically removed without any difficulty. Nelaton's and d'Ornella's method of dividing the soft palate and resecting the hard one, do not render easier, in his opinion, the removal of polypi at the base of the crane, while the resection of the superior maxillary bone, as performed by Robert, Maisonneuve, Michaux and Flaubert, for the same purpose, seems to him unjustifiable.

Dr. Blackman, in reference to the report of Langenbeck's operation on the maxillary bones, says it was

performed some years ago by Dr. Mott, of New York, and also by Dr. Syme, of Edinburg. He, therefore, cannot claim priority in this operation. With regard to nasal polypi, it is almost impossible to tell where an operation will end, as the extent of the disease cannot be determined. Instanced one case, which, in connection with Prof. Parker, he tied both carrotids, (having previously succeeded by this means in another case). This did not, however, succeed in checking the rapid growth. The freezing process was then tried, and continued for six weeks, until the whole side of the face was frozen off, when the tumor was found connected with the brain.

Dr. Carroll spoke of the beneficial effects of decoction of tobacco in chillblains, relating some cases in point.

Application for Memberships:—Dr. Blackman, recommend by Drs. Wright and Woodward; Dr. J. T. Helm, recommended by Drs. Walker and Atkins; Dr. B. F. Richardson, recommended by Drs. Fries and Armor; S. B. Tomlinson, recommended by Drs. Wood and Walker.

A list of the mortality of Cincinnati for the past year, was furnished to the society by Dr. Hughes, also a request from that gentleman, that the society petition the Legislature to pass a law making it incumbent on the officers of cemeteries to furnish statistics.

A Committee having been already appointed by the State Society, this was supposed unnecessary.

Adjourned.

Reviews and Notices.

On the Organic Diseases and Functional Diseases of the Stomach. By George Budd, M. D., F. R. S., Professor of Medicine in Kings College, London; late Fellow of Caius College Cambridge. Samuel S. and William Wood, 261 Pearl Street New-York. 1856.

Most of our readers have seen some of the lectures of Dr. Budd, that have appeared from time to time in the London Medical Times.

All who have perused any part, have found them so full of instruction that they have looked with eager impatience for more. In this volume the complete series of lectures on the stomach is offered to the profession. Some of which are now presented for the first time. There is no other work extant, that gives so comprehensive a view of the various affections of the stomach, and certainly none emanating from higher authority. It was published simultaneously, by Samuel S. & William Wood, of New-York; and by Blanchard & Lea, of Philadelphia. Both editions are for sale by H. W. Derby.

An Introduction to Pharmacy: designed as a Text-Book for the Student, and as a Guide to the Physician and Pharmaceutist. With many Formulas and Prescriptions. By EDWARD PARRISH, graduate in Pharmacy; Member of the Philadelphia College of Pharmacy, and of the American Pharmaceutical Association; and principal of the School of Practical Pharmancy, Philadelphia. With two hundred and forty-three Illustrations. Philadelphia: BLANCHARD & LEA. 1856, pp. 544.

In is not to be expected that the medical practitioner can devote enough of his time to pharmacy to become a practical pharmaceutist, but he should give it sufficient attention to acquaint himself thoroughly with its general principles. This is important, that he may avoid the [administration of inferior, or insufficient drugs, and that he may make judicious combinations in his prescriptions.

This work is a plain, practical treatise on pharmacy, admirably suited to the wants of the physician and pharmaceutist. In one particular it commends itself to the medical profession, viz: the various new remedies that have been recently introduced into the catalogue of medical agents, have received that consideration which is due to their value.

As a fair sample of the style of the book we will quote the author's remarks on the preparation of cod-liver oil.

"*Cod-liver oil* is largely prepared upon our New England coast and that of Newfoundland, in connection with the cod-fisheries. Three different commercial varieties are produced, which vary in quality according to the skill and care expended in their preparation. *Pale* cod-liver oil is prepared in New England by putting up the fresh livers and throwing them into water in a large tank arranged for the application of heat. A fire being kindled, the oil rises to

the surface and is skimmed off; by standing, even after being barrelled, a deposit separates which allows of the clear oil being racked off. It is abundant in our markets within a few years being used exclusively as medicine, and comanding a price, by the gallon, of from $2 50 to $3 00.

The other most common variety is the *dark brown* oil. The livers being thrown into a heap exposed to the sun, are thus allowed to become decomposed, and the oil is collected as it flows out from the corrupting mass. The dark brown oil is rancid, having a disagreeable empyreumatic odor, and a taste which is bitter, beside being acrid, as in the other case. It is used extensively by curriers. Its price is usually about $1 per gallon.

The *pale brown cod-liver oil* is intermediate in its properties between the foregoing; it is by some preferred to either, and by several consumers with whom I have met it is said to disagree less with the stomach. This variety is not so common in commerce. Many dealers do not procure it at all. I have obtained it by the gallon at from $1 25 to $1 75 per gallon. There are all grades of quality between the finest and commonest oils.

The following description of the *Newfoundland* manufactures, it will be seen, differs from that of New England, though the three varieties produced are here differently named; it is compiled from an article by Dr. Edward H. Robinson, *Am. Journ. Pharma.*, vol. xxvi. p. 1.

On the banks of Newfoundland, the fish are obtained within from one to five miles from shore, and if the day be favorable, the fisherman fills his boat (which is small) at least twice during the day. As soon as the boat is filled, they are taken on shore and handed over to the women and children, who split the fish for drying, carefully putting the livers into a clean tub or some other article used for the purpose. All of the fish being thus prepared, and spread on sheds to dry, the livers are carried to a cool place where they are kept until evening, by which time another boat load of fish has generally been obtained. Treating this second lot as the first, the livers are now all put together in a large shallow vessel of iron, usually about five feet square, and three in depth; which vessel is again inserted into another and larger, which is set into masonry and partly filled with water. A fire is then kindled under the outer vessel and kept burning until the greater part of the oil has been separated from the livers. The fire is then extinguished, and, when cool, the oil is dipped out and introduced into new or clean casks. What oil remains in the livers is now pressed out, but not being of as good quality as that made without pressure, it is put into a separate cask, constituting an inferior quality. The casks containing the oil are now put in a cool place, and undisturbed for five or six days, at the end of which time a considerable sediment has fallen, leaving a pure oil on the top, which

is carefully drawn off and put into other casks; the oil is now fit to be sent into market. This constitutes the best quality of cod-liver oil. The color of this variety is a pale-yellow, having a specific gravity, at 63° F., of .9240; has a slight fishy taste, though not very disagreeable to most persons, leaving an impression of acridity on the fauces. In some parts, where the fisherman is too poor to purchase the water bath, the fresh livers are put into a common iron pot used for domestic purposes; moderate heat is then applied. As soon as the livers are somewhat broken down and softened, they are taken from the pot and introduced into a coarse canvas bag, and by pressure, the greater part of the oil is forced out. This variety is not of quite as fine quality as that made with the steam bath; the color is rather darker, has a slight empyreumatic taste, and is apt to leave a peculiar burning sensation in the fauces when swallowed, which is perceptible some time after. Another variety, of an inferior quality, is made in larger vessels which remain at sea for weeks together without going to the shore. The method of obtaining this variety is as follows: As fast as the fish are caught and dressed, the livers are thrown into barrels placed on deck, the tops of which remain uncovered. The livers are exposed to the action of the sun's rays, decomposition soon ensues, and the oily matter separates. That part which first rises to the top is skimmed off and put into a separate cask. The color of this variety is yellow approaching to a brown. It is commonly known as *straits* oil. The commonest variety of all is made from the remnants of the casks from which the straits oil has been drawn. In this variety complete putrefaction has taken place. It is of a very dark color, has an extremely offensive smell, and is more disagreeable than the other varieties. This is known as *banks oil.*"

Of course all practical pharmaceutists will purchase this book, and it should be in the library of every physician, if only to be referred to in cases of special embarrassment. For sale by Moore Wilstach, Keys & Co.

A Manual of the Practice of Medicine. By George Hilaro Barlow, M. A., M. D., Cantab, Fellow of the Royal College of Physicians to Guy's Hospital; to the Malden Hospital; and to the Philanthropic Society. With additions, by D. Francis Condie, M. D., Fellow of the College of Physicians; author of "A practical Treatise on the Disease of Children," etc. Philadelphia: Blanchard & Lea. 1856. pp. 607

The value of this Manual seems to consist in its being a condensation of the extensive area of practical medicine into convenient

dimensions for the use of students and young practitioners; and in its freedom from speculative theories, as the author claims, to have presented nothing that has not been verified in his own experience, although to gain the merit of originality has not been his aim.

The connection of Dr. Barlow with Guy's Hospital, one of the largest in London, and his intimate association with some of the most distinguished practitioners of that Metropolis, has given him a large and varied experience in the treatment of disease, which must greatly enhance the value of any work coming from his pen.

In the arrangement of his subjects the author has followed closely what he calls the "Natural History of disease," examining the phenomena as they present, successfully to the practitioner at the bed side of his patient. For sale by H. W. Derby.

On bandaging, and other operations of Minor Surgery. By F. W. Sargent, M. D., Member of the College of Physicians of Philadelphia; one of the surgeons to Will's Hospital, etc., etc. New edition, revised and enlarged. With one hundred and eighty-one Illustrations. Philadelphia; Blanchard & Lea. 1856. pp. 357.

A work that has been so long and favorably known to the profession as Dr. Sargent's, Minor Surgery, needs no commendation from us. We would remark, however, in this connection that minor surgery seldom gets that attention in our schools that its importance deserves. While the young graduate is thoroughly drilled in the details, of the operations of lithotomy, excission of joints, and ligating the innominata and primitire illiac arteries, he is seldom able to perform the operation of vinesection, extract a tooth, or dress a simple wound with neatness and dexterity. Our larger works are also very defective in their teaching on these small practical points. This little book will supply the void which all must feel who have not studied its pages.

The present edition contains many important suggestions not found in any other work. For sale by Moore, Wilstach, Keys & Co.

Editorial.

MEDICAL COLLEGE OF OHIO.

The commencement in the Medical College of Ohio took place in the Amphitheatre of the College on Monday evening, the 25th inst. A large concourse of ladies and gentlemen were present to witness the ceremony of conferring the Degrees.

The address of President J. P. Foote was listened to by an interested and attentive audience.

The valedictory was delivered by Prof. Warder. and reflected much credit on the learning and ability of its author.

The present session of the Medical College of Ohio has been, in many respects, one of signal success, and may be regarded as an earnest of the future prosperity of the institution. The Faculty are all in the prime of life, actively and enthusiastically devoted to their profession, and to the building up of a great Institution of medical learning in Cincinnati. To the accomplishment of this they are pledged—and, notwithstanding the embarrassments that have for a time surrounded the Institution, *this pledge will be redeemed* in the future of the Medical College of Ohio.

During the past session an unusual interest has been given to the subjects of clinical medicine and surgery in the Commercial Hospital under the teachings of Professors Armor and Blackman. The number of interesting cases, both medical and surgical, that were presented to the class, during the session, has seldom been equalled in the history of the school.

The number of students in attendance during the past session was not so great as in former years; but it may, we think, be safely affirmed that, there never went out from the Medical College of Ohio a better, more thoroughly disciplined and enthusiastic graduating class than the present.

The following is a list of their names:

Allen C. R.	Ohio	Lassing H. C.	Kentucky
Bennett W. R.	Penn	Moore W. S.	Ohio
Burke F. N.	Ireland	Mileham Saml.	Kentucky
Carmichael W. A.	Ohio	Perry O. H.	Conn
Carpenter H. W.	"	Rood G.	Wisc'n
Green James H.	Indiana	Sharp E. C.	Ohio
Ewing J. R.	"	Sigafoss J.	"
Ewing R. D.	Kentucky	Stewart G. H.	Kentucky
Ewing J. D.	"		

The honorary degree was conferred on the following named gen-

tlemen: Dr. Wm. S. Bates, of Smithfield, Ohio; Dr. George McCook, of Pittsburgh, Penn., and Wm. Johnson, Germantown Kentucky.

"HERRING'S HOMEOPATHIC DOMESTIC PHYSICIAN."

We seldom approach the stagnant pool of quackery, near enough to stir it up, even with a "long pole," but the following extracts, taken from *Herring's Homeopathic Domestic Physician*," have been kindly furnished by a medical friend, and we think them too good ("over the left") to be lost, so we give them an insertion for the edification of the readers of the Lancet:

"Intermittent fevers originate in many situations, and still oftener at various times in the year; commonly from the evaporation of wet sand, and, indeed, when dry weather sets in, during spring and fall. Whoever can remove from such situations at these periods, should do so; but they who cannot, should reflect that much depends on his sleeping room; he should be careful to keep it very dry, to keep the chamber closed in the evening, but air it some hours about midday, to put the bed far from the wall, and where it is possible, to *let the head lie toward the south*. In damp dwellings when persons have to sleep in basement apartments, an experiment may be made with stone coal. Make a bed of stone coal six inches high under the straw matrass, or, if they have to sleep on the floor, batton the boards, a foot high, and make the bed on it. Whoever has them, should spread old silk garments under the sheet, and wear a silk night gown. Those who are obliged to work in the open air, whence fevers predominate, may sometimes ward off the disease by carrying a little bag of bark, powdered, near the pit of the stomach next to the skin. If they have formerly had the fever, a relapse may be prevented by strewing some sulphur in the stocking.

The linen should be thoroughly warmed; the best method is, to have the linen rubbed by the hands of a *healthy man* everywhere, until all the smell of the linen is gone, which should generally be done with all the patient's linen. * * * In the second period, when the attacks are more established and the patient feels nothing between them, is the fever more difficult to cure; in this case if the *homeopathic remedies do not succeed, it may be checked by bark*, notwithstanding, in some cases bad after complaints may arise. In

the last stage, when the spleen or liver are already swollen we should be guarded against much bark or quinine; it only accelerates, in most cases, dropsy and other after-complaints. *The homeopathic treatment can at this period but slowly afford relief and the best plan is to consult a homeopathic physician.*

"*Lying oneself sore.* This may often be avoided when a vessel of water is placed under the patients bed, and renewed every day. Also, by wetting the red or sore place with very cold water, or laying a wet cloth on it. A soft buckskin may be laid under the bed-clothes, the hair turned under and *the tail end toward the feet* of the patient, and by these means it may be either avoided or cured."

Alas! How oft' our efforts fail.
To heal sad sores, that will prevail
O'er fleshless bones, where e'en the skin
Has failed of strength to hold them in.
  Now here we learn—the deer-skin's tail
Has virtue that will much avail;
But tail to tail the man must lie,
Or all the magic virtues fly,
  Suppose this Author fast in bed,
On deer-skin soft, from tail to head,
The virtue would be just as great
If tail to tail, or tail to pate,
For he that such clear nonsense pens,
Has little difference in his ends.

AMERICAN MEDICAL ASSOCIATION.

The American Medical Association will meet in Detroit, Michigan, on the first Tuesday, the sixth of May.

Beside the advantage to be gained by meeting with the distinguished members of that learned body from all parts of the Union, the exhilirating, and health inspiring trip on the lake—the gentle zephyrs and balmy breezes of May, all whisper a kind invitation for us to be present on that occasion. Gentlemen, one and all, throw your mud-stained and weather beaten pill-bags, riding gloves, and cow-skins, on the old table in your shops, and turn your weary, jaded, and galded-backed horses out to pasture, and let them roll and revel in clover one week—for the hard service they have done run through this cold winter—while you meet the grand council, and have a "big talk" about the best mode of conducting the war with disease and Quackery.

That our readers may know how they may become members of the American Medical Association, we will give the following extracts from Article 2d of the Constitution :

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number.

"The Faculty of every regularly constituted Medical College or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred patients or more, shall have the privilege of sending two delegates ; and every other permanently organized medical institution, of good standing, shall have the privilege of sending one delegate.

"Delegates, representing the Medical Staff of the United States Army and Navy, shall be appointed by the Chiefs of the Army and Navy Medical Bureau. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution, at the meeting of the Association held in New York, in May, 1853.

*** Medical Journals, &c., please copy.

WILLIAM BRODIE, M. D., Detroit, Mich.,
One of the Secretaries.

OHIO COLLEGE OF DENTAL SURGERY.

The Commencement exercises of the above college were held in the hall of the college building, in the presence of a large and respectable audience, on Wednesday evening, Feb. 20, 1856. After prayer, reading a portion of Scripture, and a highly appropriate address by Rev. Dr. Fisher, in behalf of the Trustees and Faculty, he proceeded to confer the degree of D. D. S. on the following gentlemen :

A. G. Stipher	Ill	A. D. Nevins, M. D	Miss
C. H. James	Ohio	Wm. Drake	"
E. Osmond	"	J. A. Mercer, M. D	C.W
T. F. Davenport	"	F. F. Grimes, M. D	Me
F. Bell	"	J. R. James	Ky

Accompanied with appropriate remarks, he also presented each with a neat copy of the Holy Bible.

A valedictory address to the graduates, on the tendencies of the age and their professional duties arising therefrom, was delivered by Prof. J. Taft, which was responded to, on behalf of the class, by Dr. C. H. James, one of the graduates. The benediction was pronounced by Dr. Fisher, and the audience dispersed.

Miscellaneous.

A Curious Case.—A young German girl was tried last week at Reading, Pa., for the murder of her infant. She was acquitted. The Commonwealth undertook to establish the fact that the child had been born alive by evidence of an examination of the lungs by the hydrostatic test, by physicians who gave it as their opinion that the child had lived, because the lungs floated in water in whole and in parts. The doctors had neglected to regulate strictly the temperature of the water in which the lungs had been tested. This was taken advantage of by the counsel for the defense, Mr. Richards, who by a very ingenious and delicate experiment, demonstrated to the jury that there was no reliance to be placed on the hydrostatic test, unless the temperature of the water had been carefully ascertained. He put a small vial of shot, just heavy enough to float in water of medium temperature, into warm water, and it sunk. On putting it into cold water the vial floated. Ample authorities were quoted, old and new, English and German, to show that no reliance should be placed on the hydrostatic test. The counsel declared his intention to explode it in English and German—by hot and cold water—that it should not put another innocent person's life in peril.

Local Use of Iodine.—Dr. Mikschik states, that he has derived great advantage from the tincture of iodine, as an emmenagogue, applying it externally to the os uteri. Cases which had long resisted all other means, have yielded to the application after the third day. He has not found the advantages that Boinet says attends its use in vaginal catarrh, and from the temporary irritation it produces, it should be avoided in pregnancy, and when the uterus is inflamed. As a means of dispersing organic exudations he much prefers lotions (iod. potass. ʒj, iodin. gr. x, aquæ ℔j) to ointments. They should be applied on compresses which are to be covered by a cataplasm.—*Wien Wochenschrift*, 1855.

Sweet Whey in Pertussis.—Dr. Lowenthal states, as the result of numerous trials, that this substance given several times a day in tea, beginning with half a spoonful, cures the disease more rapidly and more pleasantly than any other means.

Saccharine Ephidrosis.—M. Mariano Semmola, a distinguished young physician of Naples, has communicated to the Academy of Sciences (Sept. 10th), an extremely interesting case of saccharine sweat, or cutaneous diabetes, and what is very curious, the lungs of the patient, instead of giving off less carbonic acid than in the normal condition, exhaled more, the respiration thus contributing, as far as it was able, to neutralize the injurious effects of the hyperglycosis.—*Moniteur des Hospitaux*, Oct. 3, and Nov. 9, 1855.

Luxation of the Knee.—M. Royer communicated to the Imperial Academy of Medicine, 18th Sept., 1855, a case of complete luxation of the knee forward, the tibia mounting many centimetres before and above the articulating surface of the femur, without tearing of the external parts. This luxation was easily reduced by forced flexion of the leg on the thigh, and a prompt cure was effected. In a month the patient could walk, and in six weeks the cure was completed.—*Revue de Therap. Med. Chirurg.*, Oct. 15, 1855.

Case of a Foreign Body within the Cranium.—A correspondent writing from Bonne in Rhenish Prussia, April 4th, relates the following: In the village of Rheindorf, near our city, M. Peter Klein has recently died at the age of seventy-five, a veteran of the French war, who, at the battle of Austerlitz, Dec. 2d, 1805, was struck by a Russian ball, which buried itself in his left temple, above the rim of the ear, and remained there until his death—a period of half a century—without ever causing any inconvenience, or producing any change in his intellectual faculties.

After his death, his family, to whom he had bequeathed this ball, to be preserved as a memento of his campaigns, had it extracted by Dr. Backe of Bonne, who performed the operation with the assistance of a trephine, in such a manner that the ball remained surrounded by a ring formed by the bones of the skull. The ball on the side where it touched the brain was covered with a dense membrane, and upon the other with an investment similar to that elsewhere covering the head. The brain itself was uninjured, and no splintering of the bones of the skull was discovered, either in the neighborhood of the brain or elsewhere.

Scientific men assert that it is without precedent, that a foreign body placed within the skull, as was this ball, has produced no disturbance either in the physical or mental functions.—*Journal de Medecine, May* 1855.

Indian Graves in Concord, N. H.—In excavating recently, says the Congregational Journal, for a cellar of a new house, a few rods west of the dwelling of Richard Bradley, Esq., at the north end of this city, nine skeletons of Indians have been exhumed in a space about ten feet square. They are supposed to be the remains of some of the ancient Pennacooks who once inhabited this region, and probably have been buried at least a century and a half. Among these were skeletons of six children, three of whom were around that of an adult, supposed to be their mother, and one very large, measuring six feet and three inches. The bones of this giant were of remarkable preservation. The skull is very thick, the teeth in both jaws are entire, and all of them double. The skeletons were found enclosed in bark, in a sitting posture, with some of their long, black hair still preserved. The bones of the children were much decayed. Dr. Wm. Prescott of this city, has preserved the largest skeleton, which may be seen in his cabinet.—*N. Y. Observer.*—*Boston Med. & S. Journal.*

WESTERN LANCET.

EDITED BY T. WOOD, M. D.,

Professor of Anatomy in the Medical College of Ohio, and one of the Surgeons of the Commercial Hospital.

No. 4.] CINCINNATI, APRIL, 1856. [Vol. XVII.

Original Lectures, Essays and Communications.

Moral Insanity—Case of John Carder—Being an Extract from an Essay read before the "Hendricks County Medical Society, (Ind.) January 15th, 1856. By J. JOEL WRIGHT, M. D.

HON. PRESIDENT AND GENTLEMEN:—I hasten to embrace the present opportunity to express to the President the grateful feelings I entertain for the high honor he has conferred upon me, by my appointment to read a Dissertation before this Society.

Being the junior of most of my fellow members, both in years and professional experience, may I not indulge the hope that in a *medical* essay that amount of originality and freedom from imperfections, the result of more varied experiment and extended observation, will not be expected.

The high character justly awarded those productions, read before this Society heretofore, clearly demonstrate that the elicitation of original, important, and *practical* truths in medical science is not confined *wholly* to the longitude of eastern cities, and London and Parisian hospitals. While western practitioners may not be in possession of those facilities, at all times desirable and sometimes indispensable, for the successful prosecution of medical research and experiment, yet in proportion, at least, to their advantages in this respect, may their success be. The additional incentive to labor, together with the greater facility afforded for com-

paring results and interchanging sentiments, constitute the chief benefits to be derived from medical societies.

I have chosen *Moral Insanity* as the theme of the present dissertation, designing to give the subject a *practical* bearing by the presentation of the history of the case difficult of recognition and classification, one which has not been reported. It is true that there is a veil of obscurity thrown over the subject of mind, considered either in a healthful or diseased state, which, notwithstanding the volumes that have been written upon it, has not yet been removed—a mysticism enveloping it which has not been dispelled—so that after all our reading, after all our experiments, and after all our observations, the scientific investigator is impressed with the extreme intangibility of the subject, and of its truly speculative character. This consideration, however, should not stifle investigation, but should prove rather an additional incentive to research. We should labor to glean all that can be learned, both in regard to what constitutes diseased mind and its manifestations of disease. Many affections to which the physical organism is subject, as to cause, location and the pathological condition of the parts diseased are but illy or not at all understood. The nosological and remedial consideration of these must necessarily be governed by the character of the symptoms manifest. If, then, in the study of the normal and abnormal states of the physical system, the reality of the existence of which evinces itself so unmistakeably to our senses, bringing to our aid the great amount of anatomical and physiological knowledge already accumulated, there is so much obscurity and uncertainty, how much more must this be the case where no positive evidence of the nature or even existence of the subject can be gained except through the medium of manifestations. Irremediably enveloped with impenetrable darkness, as I conceive, a consideration to be, of what *mind is in the abstract;* and feeling confident that no practical benefit can accrue from the discussion of a subject, though deeply interesting, so confessedly

mysterious and speculative; I shall leave this portion of my theme to those whose inclinations lead them into more chimerical paths than mine. There are occurring well-defined cases of Insanity where no hesitation need be experienced in determining its existence or character. Others, however, present where our accumulated knowledge and powers of discrimination are more largely taxed. It is to the latter class, as I conceive, that the case which here follows belongs:

John Carder, aged about 50, was summoned in August last before a justice's court, in Monrovia, Morgan county, to answer to an accusation of Insanity, and as being dangerous to community if suffered to run at large. It appeared in evidence that the accused (now a resident of Morgan county) was born in Kentucky, and resided in that State until some time after his marriage. When near the age of 30 he united himself to a professedly religious sect termed Dockinsites, being instituted by one Dockins and his family. The members of this sect professed supernatural power. They attempted to fly—one assumed to be the very Christ: they turned every garment about them that was black, wearing only white apparel; would dance and sing day and night—and, in short, became such evident monomaniacs as to require dispersion. Some of the leaders requiring close confinement to prevent them doing violence to others. When this order was broken up, J. C. returned to his family, and resumed his ordinary pursuits, farming and teaching singing school. Previous to this event, nothing in his history had occurred distinguishing him as eccentric or peculiar. Since that time his conduct has been characterized with great singularity, his eccentricity increasing with the advance of age. It was shown in evidence that his conduct had been of a character most remarkable in church. On certain occasions during service he would walk into church with a veil over his face, advance close to the altar, and there stand until some one offered him a seat. At times of prayer he would refuse to

kneel, answering the request to do so by the declaration that it was necessary to "watch as well as pray." On one occasion he presented his hand to the minister for the professed purpose of uniting with the church; and on the minister's refusing, he walked backwards along the aisle until he reached the door, and then darted suddenly out. Indeed so frequently is his conduct of this ludicrous character in church, sometimes sitting upon the floor, and sometimes rolling over the floor, that no one anticipates that he will conduct himself properly on these occasions, and hence make but little remark of his actions. He has been in the practice, for years, of visiting the neighbor's houses at late hours in the night when all the family were retired to rest, with no apparent object, entering sometimes noiselessly, partaking of some of the varieties in the cupboard, loitering about for a short time, and then quietly departing. He would enter a house some miles from home, at a very early hour in the morning, remain until after he had taken breakfast with the family, and then depart, saying nothing as to the object of his visit. On entering a village he would frequently ride considerably out of his direct way in order to get upon the side-walk, continuing on it for several squares. A few months since, he was in the practice of driving a one-horse vehicle with a half-grown calf hitched to it; his wagon usually containing a saw, hatchet, knife, an auger, a bible and various etcetera. On this wagon he would frequently erect a pole, upon which he would suspend a pocket handkerchief in imitation of a flag. A short time previous to his arrest, he entered town on horseback, riding in a gallop, a long pole in his hand with his flag upon it, shouting the word of command as though drilling a military company, and obeying the orders given by wheeling to the right, left, &c.

The immediate cause of his arrest was his threats to take the life of his wife if she did not do as he bid her. As evidence of this, it was testified that the witness, on entering the premises of J. C., discovered a pole erected in the yard,

upon which was suspended a red handkerchief. And on enquiring of the prisoner what the design of this was, he replied that it was emblematical of victory or death, "that his wife should come under his government or he would kill her." And on being reproved for this remark, he said, "he would as soon spill his wife's blood as a hog's." And on being again expostulated with by the witness, replied, "that he would if his God commanded him to do it." While on trial, he would ask and answer questions without hesitation, manifesting a good deal of cunning and foresight in all that he said. After the medical witness had testified of his belief as to his insanity, J. C. desired that the Doctor would state to the court what insanity was, and how he came to his conclusions. When evidence was given as to the authority by which the prisoner purported to do certain things, he asked the witness very pointedly, whether he (the prisoner) had said, "if God commanded," &c., or "rather did I not say, *if my God* commanded," &c. On a witness testifying that he regarded him as insane, or *mad*, J. C. inquired of the witness, if St. Paul was not regarded as mad, *because of his much learning*. In questioning him in my office, just previous to his trial, with a view to his supposed condition, I could get but little satisfactory from him. In answer to my inquiry, why he conducted himself as he did towards his family, he replied, "that as to that, he would tell me some time, but that he was the David who would destroy the Goliah of his opponents." Until within a few years, his word has been perfectly reliable, fulfilling his promises with punctiliousness; but now the reverse is the case—paying no regard to his engagements. He converses well ordinarily on most subjects, arguing sometimes with reason and fluency. He possesses a good deal of general intelligence, and is quite proficient in the scriptures, using quotations frequently from the Bible, by way of illustration. The jury returned a verdict of Insanity in this, and also in a subsequent trial of the same case a similar verdict was given, and the court appointed a guardian for him.

In person J. C. is of medium weight and stature—of a bilious temperament slightly intermixed with sanguine. His features are prominent and regular. His demeanor rather authoritative, and his gait agile and graceful. The color of his dress is usually light, and in the summer season he seldom wears hat or shoes.

I have been rather prolix in my report of this case, in order that gentlemen may have all the incidents and peculiarities before them, and are thus prepared to form their own opinions as to the correctness of the decision of the juries. While I disclaim possessing a belief in *all* the professions which Phrenology presents to the world, yet I regard mind as an assemblage of faculties differing in tendency and intensity, but so organized as with proper cultivation and restraint as to give to the whole a harmonious and duly balanced action. That special cultivation, or an inordinate indulgence of any one, or any set of these propensities, to the neglect of the others, may unbalance and prevent so completely the otherwise harmonious action, that an ungovernable condition or state is the result. The *mind is diseased.* The remaining unharmed faculties making feeble and sometimes successful efforts to control, appear as the "still small voice" amid the thunders of the wreck. Sudden and powerful impressions, in many instances, become the "author and finisher" of this perversion or *insanity.* I regard the case here reported as an illustration of a *gradual* transition from a state of sanity to that of insanity, effected through the indulgence and cultivation of an original propensity, not a sufficient effort being employed while the patient possessed the power to control and subdue these inordinate tendencies. I feel confident that although, in many of these cases, there may not appear, on casual observation, an evidence of *continual* deranged action, so that we are ready to attribute to the patient unusual eccentricity rather than insanity. On closer observation and more continued association, the existence of insanity would be almost *constantly* manifest.

From the preceding premises the nature of the treatment of such a case, as here reported, will be very readily inferred. Where, as in this instance, the patient is, to *all appearances*, in the enjoyment of perfect bodily health, possessing a good constitution, with no inherited predisposition to insanity, I cannot conceive that any medicinal treatment whatever is indicated. Moral restraint should be instituted. Rigid discipline should be exercised. The mind of the patient should be directed into new channels of thought and action. Old associations should be broken off, and familiar objects should be removed. As a matter of course, the earlier this treatment is resorted to, the better the prospect for a favorable termination. Such a course I would regard as offering the greatest hope of success.

Aneurism of the Carotid, communicating with the Externa. Jugular Vein, unsuccessfully operated. By JOHN G. TI HOLSTON, A. M., M. D.

This case presented some singular features, and, therefore, though, from the want of a post mortem examination, the case is left incomplete, I give it to the peofession through the Lancet.

Anthony Burke, a farmer in good circumstances, aet. 50, came to consult me, about two months ago, in respect to a pulsating tumor in the neck, that of late was giving him much trouble. His general health was good, and he had never had any serious disease. About fifteen or twenty years ago, he received a charge of pigeon shot into the neck, the greater part of which still remains imbedded under the skin. No serious suffering resulted, but after the inflammatory intumescence had subsided, he was conscious of a small pulsating tumor remaining; which, however, for many years, during which he was most diligently and laboriously employed on his farm, neither increased nor gave him any other trouble than the constant throbbing, which extended to his brain and often

confused his mind. Within the last two years, however, a change commenced. The original tumor became larger. The vein also increased in size, and the thrilling sensation extended downward to the breast as well as upward to the head. The eye on that side inflamed and its sight became impaired, the hearing was also nearly lost on that side. Memory was much weakened, and he labored under constant and considerable confusion of mind. By this category of suffering, he was finally determined to seek relief from a surgical operation, and for that purpose called at my office. Having explained to him the nature of the disease and the character of the operation, the subject was postponed for two months, to give *him* an opportunity of arranging his worldly affairs and *me* a chance of observing any change in the aspect of the tumor. He returned to this city on the 31st ult for the purpose of being operated on. A considerable change had taken place, the head was further thrown to the opposite side. Hearing and sight on the affected side nearly gone; his left arm hung paralyzed by his side, which latter he attributed to a fall received from the upsetting of a wagon, when his arm was severely bruised. The arm presented, however, no diseased appearance, and I apprehend some lesion of the brain had taken place, but the tongue moved freely, and there was no dragging of the lower extremity. The aneurismal tumor, situated on a level with the larynx, was the size of a hulled walnut and throbbed violently synchronous with the heart, and compression of the carotid trunk, at the root of the neck, stopped the pulsation, and caused almost the entire subsidence of the aneurism—it contained no coagulum. The facial vein formed a bunch about the angle of the jaw as large as an egg, and thence the external jugular descended in a tortuous course down the side of the neck, of the average thickness of the index finger. The place of communication of the artery and vein could not be clearly ascertained, could not however have been either close, direct, or complete, as the arterial blood found so much ob-

struction to its passage into the vein as still to enlarge the aneurismal sac; while it allowed a sufficient flow to keep its contents fluid, and thereby aggravate the danger of distension. Having been made fully aware of the seriousness of the case, and having fully arranged his worldly affairs, as well as received the church rites (being a conscientious Catholic) preparatory to death. On Saturday, the 2d inst., I tied the primitive carotid below the omo-hyoid, about one inch above the innominata. Chloroform was administered, with his usual skill, by D. Hobbs, dentist, and I had the additional kind assistance of Messrs. Young, Closman, Crow, and Sampson.

The operation presented but little matter of interest. The cellular tissue was filled with *encysted* shot, which I did not pick out. The parts were much more adherent and condensed than common, in consequence of the former inflammation. The artery lay at an unusual depth, (over 1½ inches,) but was reached without difficulty, by making a clear and neat dissection at every stage. The inferior laryngeal artery was the only other part of importance brought into view; it was much enlarged and lay exactly over the tract of the carotid, but was readily drawn over toward the trachea. The sheath was opened on the inner side by a blunt strabismus hook, which at the same time was passed under the carotid, which was slightly separated from its connexions, and elevated upon the instrument. A strong hemp ligature was now, by means of a common aneurismal needle, passed from without inward under the artery. The vessel was slightly elevated and the ligature crossed and tightened so as to make sure that no other part was included, and also to note the impression on the patient. The chloroform was now wearing off and he was getting sensative to physical impressions. The tightening of the vessel produced no effect on his breathing, pulse, or countenance, which all were perfectly natural, and the operation was concluded by tying the vessel with a double knot, and closing the wound by three stitches. He had been nearly an hour under the influence of

the chloroform—the hemorrhage was hardly sufficient to stain his shirt collar.

He was now laid in bed, and the effect of the chloroform allowed to pass off, which it did in about twenty minutes, when he expressed his surprise that all was over and that he felt pretty well, but sleepy. I left with directions to keep a wet compress upon the wound, and allow no visiting; this was 2 P. M. Called again about 6 P. M., found him in the act of vomiting, held erect and backward by several friends. Had him laid on his right side so as to vomit easier—nothing but a little greenish acid fluid was ejected. He had become perfectly conscious and conversed cheerfully with his friends, but half an hour before my arrival had taken a slice of bread around the loaf of toast and a cup of tea, which had nauseated him. Called again about 9, found him worse, forehead red, pulse 90, *not full*, complaining of headache and oppression of the chest, with loud mucous rale. Cold water to the forehead, mustard to the extremities. Tickling the fauces with a feather produced retching, by means of which some mucus was discharged and the breathing temporarily relieved. 3d inst., 8 o'clock, A. M.—had passed a very unpleasant night, could now be roused only with difficulty, the whole left side thoroughly paralyzed, the pupil of the right eye enormously dilated and motionless, the left still, to some extent, responding to the stimulus of light—complained, when thoroughly roused, of difficulty in swallowing, on account of soreness of the neck—pulse 100, weaker, but regular. The aneurism is entirely gone, the pulsation of all the branches of the carotid, above the ligature, has ceased and that on the opposite side has not increased.

Directed weak brandy and water, together with the continuance of the external applications.

1 o'clock, P. M.—slightly improved, the bronchial mucus is thrown into the mouth and swallowed—continue treatment—pulse 100—soft.

7, P. M.—worse—pulse 120—quite feeble—administer in-

jection of salt water, which produced natural feculent evacuations. Passed a gentle current of electricity from the neck to the chest, which partly roused him, though he soon again relapsed. I need not detail the unfortunate case further, the stupor became by degrees more profound, though the breathing improved somewhat, and at 9 o'clock on Monday evening, 55 hours after the operation, he died without a struggle. Post mortem examination not being permitted, I can only conjecture that the fatal catastrophe was brought about by the rupture of a vessel in the brain during the act of vomiting. The brain, no doubt, had received injury by the previous fall, and the impression of the chloroform had certainly no tendency to improve its condition. In future operations of that kind I would not finally ligate the vessel till every vestige of the anaesthetic influence had passed off. There seemed but little room for treatment after the unfavorable symptoms had commenced.

Pathology of Rheumatism. By EDWIN R. MAXSON, M. D., of Geneva, New York.

Perhaps no disease has been the subject of more doubt, in relation to its pathology, than rheumatism; and this may account, in part, for the great variety of treatment which has been adopted by different physicians, of more or less distinction.

So varied are the plans of treatment recommended by different authors, that the young physician may well feel a degree of embarrassment, as he proceeds to treat a case of acute, sub-acute, or chronic rheumatism; and the more so, as he is compelled to make his prescriptions without a definite idea, as to the immediate cause of the specific rheumatic inflammation.

Such was my experience during the first few years of my medical practice, till observation and reflection enabled me to form notions in relation to the pathology of rheumatism;

from which I could draw rational indications, and adopt a course of treatment, founded on scientific principles.

My first observation of importance, in relation to the pathology of rheumatism, was the fact that acute, sub-acute, and chronic rheumatic inflammation, is generally immediately preceded by neuralgic pain, of longer and shorter duration; the pain usually passing from the brain, or spine, along the principal nerves of the limb, or part affected.

This neuralgic pain, in acute rheumatism, according to my observation, is often very severe, though transient, the local rheumatic inflammation being soon developed; while in sub-acute, and chronic cases, the neuralgic pains may continue for several hours, days, and even weeks, before the rheumatic inflammation is developed; but, frequently, not very severe.

Now, these facts led me to conclude that the local rheumatic inflammation is the result of the neuralgic irritation of the limb or part affected, together with the morbid condition which developes the neuralgia, which, according to my observation, precedes the local inflammation, and generally indicates the degree of violence that may be expected.

This, then, carries us back to inquire as to the immediate cause of the neuralgia; and this is generally found to be congestion, irritation, or inflammation of the brain or spinal cord, or their fibrous envelopes; the point of greatest irritation in the cerebro-spinal system, being in that portion, supplying nerves to the affected limb or part.

Now, in chronic cases, there is often more or less tenderness of the spine, at the point supplying the affected part with nerves, with considerable irritation; while, in acute cases, there is often little or no tenderness, but severe pain, indicating marked local spinal congestion, as the immediate cause of the neuralgic pain, and subsequent local rheumatic inflammation.

This point of local congestion, irritation, or inflammation of the cerebro-spinal system, may be hereditary, or acci-

dental; the result of local injury; or it may pass rapidly or slowly from the lower portion of the spine towards the brain, the rheumatic inflammation passing from the lower limbs to the arms, or to the brain; or, in cases of great debility, the congestion interrupting the flow of nervous influence through the sympathetic nerve, the rheumatic inflammation may fall upon vital parts, especially upon the heart muscle, as happened in one fatal case that fell under my care a few years since.

As to the causes which operate to produce the congestion, irritation, or inflammation of the cerebro-spinal system, besides hereditary or accidental irritation, miasmatic influences, together with atmospheric vicissitudes, and probably a low electrical state of the atmosphere, are by far the most frequent and important.

Now, all these causes operate directly or indirectly, to check the cutaneous exhalation, and also the secretion of the glandular system, especially the renal secretion, both of which operate to retain in the circulation more or less effete excrementitious matter, which goes to debilitate, and irritate, the cerebro-spinal system, and by producing a general or local congestion of the brain and spinal cord, develops the neuralgic pain, and the subsequent general or local rheumatic inflammation.

Such are the conclusions that I have drawn, in relation to the pathology of rheumatism; from which conclusions, I have deducted the indications in the treatment, which may furnish the subject of my next article for the *Lancet.*

Is Cholera Contagious? By W. H. SCOBEY, M. D.

That Cholera is epidemic, no man that has witnessed its ravages, will for a moment gainsay—that it is a most awful scourge recurring—passing over a large extent of territory—terminating as suddenly as its onset was rapid—observing no

law but that peculiar to itself, is also a fact familiar to all who have kept pace with the medical history of the last quarter of a century.

That, in addition to its manifest and admitted epidemic character, it is at *times*, under *favorable circumstances*, spread by contagion, we have no doubt; indeed we thought that this was the united testimony of the medical profession.

In the February No. of the Western Lancet, Dr. Jeffrey has attempted to show by analogical reasoning, that cholera is, and must, of necessity, be non-contagious. His arguments are specious, but not satisfactory. The analogy attempted to be drawn from small pox, measles, &c., does not apply. *They* are governed by laws peculiar to eruptive diseases; one of which is, that they affect the system but once. Again, eruptive diseases, as small pox, measles, &c. are characterized by a stage of incubation, eruption and desquamation. These stages are, moreover, distinct and invariably present. There is nothing analogous to this in cholera; it may run its course to a fatal termination in a few hours or days, or it may be longer.

Cholera has no uniform law known to pathology. Dissection fails to reveal its ravages, or settle the question of primary organic lesion.

The question, then, of contagion or non-contagion is a matter of *observation* and *experience* only. Dr. Jeffrey says "The existence of contagion in cholera has uniformly been taken for granted, not only without proof, but even contrary to the evidence of numerous and convincing facts." Now, so far as our experience and observation goes, in this section of the country, just the reverse is the fact; and it was not until after the visitation 1849 that physicians began to review the doctrine of non-contagion; and from that time until the present it has been loosing ground; and at this time few physicians, of experience in cholera, can be found, who are not able to point out example after example, where it would be but to violate all law known to contagion to deny it. As

Dr. J. has not had the opportunity of seeing such examples in his locality, a few out of many will be recorded, adopting, as we do, most fully the Doctor's definition of contagion, viz: "A specific matter generated in a person affected with disease, and capable of communicating that particular disease with or without contact, to another."

EXAMPLE 1ST.—In May, 1849, a traveler from Illinois took cholera on the Ohio river, was landed at Cincinnati and placed in the Commercial Hospital, where he so far recovered as to be able to continue his journey on foot; he passed through Hamilton and stopped for the night at a farm house, four miles beyond, not being able, from debility, to resume his journey; on the following morning, he engaged to assist the farmer at corn-planting. That night he took a relapse of diarrhœa. Medical aid was not called until morning. He sunk into collapse and died the following night.

2. An old man who nursed him, and after death burned his bed-clothes, &c., took diarrhœa in a few days, was taken to the county infirmary, where he died with well-marked cholera, on the next day.

3. The farmer's wife took diarrhœa at about the same time, paid no attention to it for two days, when vomiting and cramps came on.. Dr. Geo. Wyman was called, but she sunk and died the following day.

4. A son of the farmer had well-marked cholera, took medicine in time, and recovered.

5. Dr. George Wyman had diarrhœa, took the appropriate medicine and recovered.

6. The farmer, J. L. Cooper, had the premonitory diarrhœa, took medicine and recovered.

7. A neighbor and wife, visitors, had diarrhœa—recovered.

These cases were seen and treated by myself and Dr. L. Rigdon, in consultation with the attending physician, Dr. Wyman. Here are 8 cases of disease, from the most malignant and fatal to the most simple manifestation of disturbed health, in a neighborhood where cholera was never seen be-

fore or since, at the time cholera was not known nearer than at Cincinnati, and not there as an epidemic. Cases from the river were occasionally landed and taken to the Hospital. It did not appear in Hamilton until the month of July.

Take another example—

A man residing in the South visited his friends in Franklin Co., Ia., in June, 1849. Cholera was on the steamer on which he ascended the river. He arrived at his friends' house with the diarrhœa upon him. The following day he had well-marked cholera, of which he sunk and died. There were two families in this house—in all seven adult persons—all of which died within a fortnight, save one female far advanced in pregnancy. The house, bedding, clothes, furniture, and two of the bodies were consumed by fire. After the disease was known to be in the house no one visited but a physician. The dead were buried by the family, until, as before remarked, the whole was consumed by fire.

A young physician from a distant neighborhood paid a single visit to this house for the purpose of witnessing the disease, died with well-marked cholera the following week.

Now, we ask Dr. J., in all sincerity, how is this? Is not here evidence of contagion? Here are seven deaths from a most malignant disease, in a neighborhood cut off from all communication with the city or other infected district, in a healthy locality, where cholera was never seen before or since.

But, it may be asked, "Why did it cease at all; if contagious, why did it not continue in a circle until the whole of those in contact were destroyed." I answer, I cannot tell; neither can I tell why Typhus fever does not continue until the whole of us are swept from the face of the earth.

I know that in olden time a prophet was favored with the sight of an angel, with his hand stretched over a city, and the command was heard, "it is enough," and the "pestilence was stayed," or in all probability it would have continued in a circle until the whole of the human family had been destroyed.

Hamilton, Feb. 18, 1856.

Blighted Conception. By JOHN C. BECK, M. D., Cadiz, Ind.

In July of 18—, a lady of high respectability, about the age of thirty, who previously had borne three children with her usual health, had suppressed menstruation, occasional morning sickness, with slight fluttering of the heart; she was not, however, prevented from attending her domestic affairs. After these general symptoms, she had feelings of tension or fullness in the region of the uterus. Kiesteine was twice observed, and the areola became darkened, the unpleasant symptoms partially subsided, and her health became comparatively good, herself being wholly convinced that she was indeed pregnant. All things went on with the usual favorableness of hopeful pregnancy until the third month after the supposed conception, at which time the most alarming premonitions and feelings of uterine hemorrhage occurred; however, without any flowing of blood, or other fluid. In a short time, these unfavorable symptoms all passed off, and she had no further difficulty whatever. At and after this period, *prominent* physicians were consulted as to what was the *real cause* of the above symptoms; and the question arose, whether or not she was pregnant? Physicians at a distance were, of course, denied the privilege of a per vaginal examination, and had to rely on the above statements, on which to base their opinion. Considering that her health was vastly improved, and experiencing no unpleasant feelings, the abdomen not increasing in size, the sixth month being passed, and no quickening sensation experienced, the many causes which would suppress menstruation, and every other symptom of pregnancy being now wanting, many physicians pronounced her *not pregnant;* others considering the symptoms manifest in the early stage of the case, thought she might possibly be pregnant, and were led to pronounce it what Dewees terms a "blighted conception."

We now wish you at this moment to stop, think, and decide whether or not this is a case of pregnancy.

The husband being advised, if, at the expiration of nine

months, any uterine disturbance occurred, to call in (without fail) his family physicians. Accordingly, in April following, they were called, and, after a short labor, she was delivered of an *ovum* entire, somewhat larger than an ordinary hen's egg; the membranes of which were very tough, and when slit open, were found to contain a *dead fœtus of about three months growth.*

This case, with two or three mentioned in the books, proves most conclusively, that a female may carry without inconvenience or detriment, a dead fœtus for the space of five or six months, without any permanent injury to her constitution or health; and that there are diseases which attack and destroy fœtal life in utero. We would ask the medical enthusiast, is there any medicine that would reach this case, where the mother's health remains unimpaired?

A Singular Anatomical Freak. By T. WOOD, M. D.

In a *post mortem*, made by Drs. M. T. Carey and S. Alexander (at that time resident physicians in the Commercial Hospital) the singular distribution of the colon, represented in the annexed cut, was observed. The cœcum, reversed, rested in the right lumbar region, with the vermiform appendix upward; while the colon, instead of ascending, passed downwards through the right illiac region to the brim of the pelvis; traversing the superior strait to the left illiac fossa, made its ascent on the left side till it touched the lower margin of the

stomach; then turning abruptly on itself, descended into the pelvis parallel to, and nearly in contact with its ascending portion. From the pelvis it again made an ascent into the left iliac fossa, to form the segmoid flexure, and then returned to the rectum in the usual manner.

In the same subject, the left kidney presented the *hilum* on its anterior flat surface, and was supplied with four renal arteries, two springing from the aorta, near the point where one is usually found, and two below; one originating from each primitive illiac artery, and entering the cortical substance of the kidney, near its inferior extremity, as shown by the small cut.

The subject was a female, about fifty years of age, that died of gangrene of the bladder, and had probably experienced no difficulty during her life from this uncommon arrangement of her abdominal viscera.

Quackery. By J. W. SALISBURY, M. D.

The word *Quack*, is usually employed to designate a person, who pretends to knowledge, which he does not possess; and professes to cure diseases, of the nature of which, he is entirely ignorant.

Quackery may properly be considered under three heads, viz., *Mountebankery*, *Empiricism* and *Charlatanism;* although the three are frequently united, and practised by the same individual.

A *Mountebank*, (from *Montare* and *Banco*, to mount a bench,) as originally used, signifies a person who mounts a bench or stage in public places, and, boasting of his skill in curing diseases, vends medicines which he pretends are infallible remedies.

Every day we see the operation of this class of Quacks. We are hailed in the street, we are accosted on the boat, we are met in the market, and solicited to buy their nostrums. Almost every newspaper we take up is *polluted* with brilliant deceitful advertisements, in praise of a *salve* that is equally efficacious in *curing* a *corn*, or *killing* a *cancer;* a world-renowned *balsam* that will speedily cure a *cold*, a *cough*, or a *confirmed consumption*, a *liniment* that will chase a *pain*, be it in *tooth* or *toe*, in the *hand* or the *heart*. Handbills are posted at almost every street-corner and alley, proclaiming the miraculous cures of this or that nostrum; but never even telling of a *single failure*, of its multiplied thousands. Their motto is 'NEVER FAILS.'!!!

Now one would think that a nostrum that is recommended as a certain, safe and speedy cure, for almost an endless number of diseases, would, in an enlightened community, find but few to try its virtues; but alas! men will be deceived. And it does often seem, that the more unreasonable assertions are, the more readily they are gulped down for truth.

If a medicine is advertised, "*never fails*," or "*no cure, no pay*," many will believe in its efficacy, and use it either for the sting of a bee, or for the cholera; and if it *fails* to *kill* in the first case, they readily conclude that it is *impossible* for it to *fail* to *cure* in the second.

Let the community once use their common sense in the matter, and patent medicines, with their humbugging originators will soon dwindle into obscurity.

A mechanic, in building a house must take timber piece by piece, and carefully prepare each for a particular place. He cannot expect to build a house by throwing them together at random. Neither can he expect a certain piece to answer equally well for a rafter or a sleeper.

So it is in the *practice of medicine*. Each dangerous symptom as they appear one after another, must be carefully watched and counteracted. In a disease we will perhaps one

day find a *fever* that must be *controlled*, while the next day will reveal an *inflammation* that must be *checked;* while again the next we will be called upon to *stimulate* the sinking powers of nature in battling against the disease. Now what man with common sense, would pretend that the same course of treatment would be proper from the beginning to the end of such a case? Yet those, who use a patent medicine for a disease, must necessarily, use it in the various stages of the disease. So we see that those, who are *duped* by these *mountebank preparations*, must inevitably risk the losing of their *health* and *lives;* particularly if the nostrum they employ happens to *possess any strength.*

But if it is a matter of surprise that the *common people*, should be thus deceived; how shall we express our astonishment, that even *learned, influential ministers of the Gospel* should give the influence of their *semi-holy names* to help to *humbug* their fellow-men. It does seem, to me at least, that the *minister of the Gospel of Christ*, who *professes* to be proclaiming the mandates of Heaven to a fallen race, and at the same time aiding impostors in deceiving their fellow-men, are committing a moral wrong, for which a *long life-time* of their professional labors, *without remuneration*, could not atone.

But the worst part is not yet told; for even *physicians* occasionally recommend a nostrum of which they know not the first ingredient. The *mechanic* may have excuse, the *minister* even, may find excuse, but where under the sun can the *physician* try to find excuse, for recommending a nostrum professing to cure almost any and every disease in both man and beast. I would rejoice if I could say no *regular physician* has thus degraded himself. But alas! some even who claim to belong to the *regular profession*, have *bowed the knee to Moloch, and assisted insatiable, unconscionable vampires* in deceiving the community.

An *Empiric* (from the Greek, *en* and *peira*, "a trial,") signifies a man who enters upon the practice of medicine, without a regular professional education, or without otherwise

qualifying himself for the station, he desires to occupy. The lives of human beings certainly are not so unimportant, that they should be thus *jeopardised* by the *unscientific hap-hazard experiments* of the *illiterate empiric.* Experiments even in medicine are necessary; and a man may experiment without being an empiric. But if a physician does not use the means within his reach to *inform himself*, he is an *empiric.* True, he may *accidentally* stumble upon a plan of treatment by which his patient is cured; or the "*vis medicatrix naturæ*" may perform the cure, despite his doses ill-applied.

And how often are the apparent cures of such empirics heralded over the land as *something marvelous*, being received with greater surprise the further they are proclaimed; while the honest, faithful, well-educated physician is *daily* performing cures *ten-fold greater*, of which nothing is heard or said a few miles distant. The fact is, it is only what is expected of a well-informed physician, while even an *accidental* cure by an ignorant empiric *is marvelous.*

A *Charlatan*, (from the Italian *Ciarlare*, "to talk much,") originally signified one who went from place to place to sell any medicine to which he ascribed wonderful sanative qualities: but the word is now used to denote one who boasts much of himself, and makes unwarrantable pretensions to skill. The members of the medical profession ought to labor together, as a band of brothers, for the welfare of their fellow-men. But alas! they are too often *warring* among themselves, each boasting what he *can do* and *has done*, while he is defaming the success of his brother.

Now the *true physician* is willing to spread before the world his discoveries and improvements in the art of medicine; in order, if possible, that the whole afflicted race of human beings may thereby be benefited. Their philanthropy would not permit them to circumscribe the benefits of their discoveries to the bounds of their own very limited practice.

But the Charlatan strives to keep everything he knows to

himself, and labors to convince the community that he knows a *little more* than *everybody else together.*

It is true we may frequently do *honor* to ourselves, in controling diseases, but we should let *others* praise us. We should let our *works* and not our words establish our character.

A man that is *continually boasting* of his skill and uniform certainty in curing those diseases, which the body of the medical profession are *failing* to cure, should be looked upon with suspicion, and *denied* the *patronage* of an unsuspicious public.

Now if the above be true, there is work for us to do. 1st. A true statement of *facts* should be *published* and liberally spread before the whole community. Being enlightened they would be less often deceived. They would also join us in the work of reformation.

2d. We should labor to have a law enacted, *prohibiting* the sale of *secret patent nostrums.*

3d. A law should be enacted *prohibiting* the man who is *not qualified*, from *practising medicine.*

4th. *The physician* who claims *secrets* in *medicine* which he *refuses* to make known, should be treated by the profession as a "*Cheat* and a *Humbug*," a "whited sepulchre, filled with dead men's bones."

Russelville, O., Feb. 10th, 1856.

Proceedings of Societies.

MONTHLY REPORT of the Proceedings of THE CINCINNATI MEDICAL SOCIETY. By J. R. ATKINS, M. D.

February 12, 1856.

Society met at the residence of Dr. Bonner.

President in the Chair.

The minutes of the last meeting were read and approved.

The Essay being in order, Dr. CARY read the following

ON THE PATHOLOGY OF TUMORS AND THEIR DIFFERENTIAL DIAGNOSIS.

WORTHY PRESIDENT AND MEMBERS OF THE CINCINNATI MEDICAL SOCIETY—Gentlemen—It becomes my duty, by special appointment, to present this Society an Essay, and in doing so I beg your kind indulgence for the few moments which I may take up in presenting to your consideration a subject which (I think) legitimately presents itself in this connection, or properly follows the subject which was presented to us at our last meeting, namely that of the Pathology of Tumors, and their differential diagnosis.

In taking a survey of the subject now before us, I find, at one single glance, that my time is by far too limited to speak of all the points which this very important subject involves.

Therefore, I propose to speak, at some length, upon the Pathology of Tumors generally. And the distinguishing differences between the malignant and non-malignant varieties.

Some writers, in speaking of this affection, denominate everything which looks to hypertrophy or overgrowth tumors; but when I speak of tumors, I mean those morbid growths whose structures are essentially different to the structure which they involve. If we compare any tumor with one of the hypertrophies that are least morbid, with one of those, for instance, in which the excessive growth is adapted to some emergency of disease, as an hypertrophy of the heart is

adapted to some emergency of the circulation, we shall always see between them this chief difference: that to whatever extent the adapted hypertrophy may proceed the over-grown part maintains itself in the normal type of shape and structure.

While a tumor is essentially a deviation from the normal type of the body in which it grows, and, in general, the longer it exists the wider is the deviation. A striking illustration of this contrast may be found in some of the cases of fibrous tumors that grow in the cavity of the uterus. Such a tumor may resemble in its tissue the substance of the uterus itself, having well-formed muscular and fibrous tissue; and so far as the structures formed in excess are concerned, we might regard the tumor as the result of an hypertrophy, not essentially different from that which, at the same time and rate, may take place in the uterine walls around it. But one essential difference is in this: that the uterus, in its growth around the tumor, maintains a normal type, though excited to its growth, if we may so speak, by an abnormal stimulus; it exactly imitates, in vascularity and muscular development the pregnant uterus, and may even acquire the like power; and, at length, by contractions, like those of parturition, may expel the tumor, spontaneously separated.

But the tumor imitates in its growth no natural shape or construction: the longer it continues the greater is the deformity.

An equal contrast may in general be drawn between the class of diseases that includes tumors of all the others that issue in a morbid excess of nutritive formation. We may take, as the example of these, the inflammatory diseases attended with exudation, and say, that in these there is an excessive exercise of formative force an hypertrophy. But between such diseases and tumors we shall rarely fail to observe a striking difference. But we cannot stop here to enter into details, but pass on rapidly.

The most striking contrast, however, is in the events sub-

sequent to the first organizing of the two materials. The latter course of organized inflammatory exudations, like that of the organized materials for repair after injuries, is usually one of constant approximation to the healthy state. As newly formed parts, they gradually assimilate themselves to the shape and purpose, if not to the tissue, of the parts among which they lie; or they are apt to waste, degenerate, and be removed. These changes tend ever toward a better state; so that in the whole course of exudative inflammatory diseases, some *have said* that it is nothing but an effort of nature to avert or repair some greater evil. It is very different with the class of diseases to which tumors belong; it is their very nature to proceed to further and further deviation from the proper type of the body.

The structure of tumors may, indeed be like that of some of the natural parts; it may be identical with that of the part in which they lie; in this respect they may be called homologous; but considered in their life, they are not so; for commonly they are growing, while the tissues, far and near around them, are only maintaining their integrity or are even degenerating or yielding themselves to the abnormal growths.

"I think" (says Mr. Paget) "that it is only in the consideration of this activity and partial independence of the life of tumors, and of the diseases allied to them, that we shall ever discern their true nature. We too much limit the grounds of pathology when examining a tumor after removal; we only now compare it with the natural tissues. The knowledge of all its present properties may leave us ignorant of the property which it alone, of all the components of the body, had sometime ago—the property of growing. And so, if we can ever attain the knowledge of the origin of a tumor, it may avail little, unless it supply also the explanation of its progress. If, for example, what is very improbable could be proved, namely, that tumors have their origin in the organization of extravasated blood, or of an inflammatory exudation, still this greater problem would remain unsolved: "How or

why is it, that, in ordinary cases, these materials, when organised, gradually decrease, and assimilate themselves to the adjacent parts; while, in the assumed formation of tumors, they gradually increase and pursue, in many cases, a peculiar method of development and growth? Why is it that, assuming even a similarity of origin, the new formed part manifests, in the one class of cases, a continuous tendency towards conformity with the tissue of the body; in the other, a continuous deviation from it in shape and volume, if not in texture? How is it, that, to take an extreme case, we can ever find, as in a specimen which is reported to have been at the St. George's Hospital, fatty tumors of considerable size in the mesentery of a patient from whom, in the extremest emaciation of phthisis, nearly all the natural fat was removed; or, as in a case related by Schuh, huge lumps of fat, on the head, throat, and chest of a man whose abdomen and legs were extremely thin?"

A solution of these problems will not be attempted at this time, but that in them is the touchstone by which we may tell the value of a pathology of this great class of diseases, I doubt not. It is not in the likeness or in the unlikeness of the natural tissue that we can express the true nature of tumors; it is not enough to consider their anatomy; their physiology, also, must be studied; as dead masses, or as growths achieved, they may be called like or unlike the rest of a part; but as things growing, they are unlike it. It is, therefore, not enough to think of them as hypertrophies or overgrowths; they must be considered as parts overgrowing with appearance of inherent power, irrespective of the growing or maintenance of the rest of the body, discordant from its normal type, and with no seeming purpose.

It may be said that tumors and other growths may cease to grow, or grow unequally, and yet are tumors still. But this is only in appearance opposed to what I have said, which is no more than that the best or only time, in which we may discern the true difference of these from other growths, is the

time of their active increase. As we can have no complete idea of any living thing, unless it include the recognition of its origin, and of its passage through certain phases of development and growth; so must our thoughts of these abnormities be imperfect and untrue, unless we have regard to their development, and growth, and maintenance, as independent parts.

But, indeed, the cessation of growth in tumors, and the allied diseases often affords evidence of their peculiar nature, confirmatory of that deduced from their increase. Such cessation may occur when they have attained a certain regular size, as in the painful subcutaneous tumors, the osseous tumors on the phalanges of great toes, and some others, which, perhaps always, cease to grow when they have reached a limit of dimensions that appears as natural and constant for them as the average stature is for the individual of any species. Or, the cessation of growth may occur when the tumor degenerates or wastes; as when a fibrous tumor calcifies, or when a mammary glandular tumor is absorbed. But it is to be observed that these events are or may be as irrespective of the nutrition of all the rest of the body, as the development and growth of the tumor were; and that, except in the comparatively rare event of the absorption of a tumor, there is in no case an indication of return to the normal type or condition of the body. There is no improvement, as in the organized lymph exuded in the inflammatory process, no adaptation to purpose, no assumption of a more natural shape. In all these events, therefore as well as in their growth the nearly independent nature of the tumor is shown; while forming part of the body, and borrowing from it the apparatus and materials necessary to its life, the tumor grows or maintains itself or degenerates, according to peculiar laws.

To fortify or substantiate the first premises laid down in this article, I would here remark that it may seem to some that the characters of which I have been speaking belong to

a larger number of abnormities than would come under my definition of tumors; they belong indeed to a large class, of which tumors form one part or section while the other is composed of certain morbid enlargements of organs, by which is regarded as merely hypertrophy, such as that of the prostate, the thyroid glands and others. The distinction between these two divisions of the class, must be an arbitrary one; for the two are so little unlike that it is in these hypertrophies of glands that we may hope to find the truest guidance to an insight into the nature of tumors.

There is a form of cyst, from the walls of which morbid growths may spring and fill the cavities; these intracystic growths are in their best state of structure, close imitations of the gland in which they occur, and in their structure and composition are very closely allied to the common form of tumor but yet they are not identical, these more properly come under the head of hypertrophies.

The close relation which exists between the intra-cystic growths; the enlarged mammary, thyroid and parotid glands on the one hand, and the hypertrophies on the other; that we can scarcely dissociate these diseases without great violence to nature; clearly they are all essentially the same; yet to call them all tumors, would be to do as much violence to the conventional use of terms which have become, not merely the expression but the guide of our thoughts.

The best, that we can do, is to make an arbitrary division of this group. Then in accordance with the arbitration of custom we may assign the name of tumors to such examples of these morbid growths or growing parts, as are isolated from the surrounding parts by distinct investing layers of tissue, or though continuous with the natural parts are abruptly circumscribed in the greater part of their extent, or are formed of new materials infiltrated and growing in the interstices of natural parts.

If the points which we have been laboring to establish be understood and received, we will next proceed to divide it

into smaller parts. And first it seems proper to divide tumors according as they may be named innocent or malignant. These terms I employ (though not free from objection), because they imply a more natural and a less untrue division than any yet invented to replace them.

The distinction between innocent and malignant tumors is probably one not of mere visible structure, but of origin and vital properties; it is therefore, less falsely expressed by terms implying quality of nature, than by such as refer to structure alone.

The chief distinctions are to be traced in certain characters which in the malignant tumors (or cancerous variety), are superadded to those already cited as belonging to the whole class.

The intimate structure of malignant tumors is usually not like that of any of the fully developed natural parts of the body, nor like that which is formed in a natural process of repair or degeneration. For example, many of the cells of cancer may be somewhat like gland-cells or like epithelium-cells; yet a practiced eye can distinguish them even singly. And much more plainly than grouping distinguishes them. They are heaped together disorderly, and seldom have any lobular or laminar arrangement such as exists in the natural glands and epithelia, or in the innocent glandular or epithelial or epidermal tumors.

Non-malignant tumors are nearly imitations, so far as their structure is concerned of the natural parts; and the existence of such imitations in any tumors make the diversity; the heterology of the malignant tumors appears more evident.

This rule of disimilarity of structure in malignant tumors is only general for they are exceptions.

The other properties of malignancy may be sometimes observed in tumors that have apparently, the same structure as those that are innocent. There are occasionally cases of fibrous tumors, which in every respect of structure are similar to common fibrous tumors, yet return after removal and ulcerate with infection of adjacent parts and also appear

in internal organs. These with some others, must be regarded as malignant, though in structure resemble innocent tumors and natural tissues.

Then again on the other hand there are some innocent cartilaginous tumors, with structures as different from those that exist in our natural tissues, as cancer-cells are from gland-cells or from epithelial-cell. The two sorts of cases, though both be exceptional, supply sufficient grounds for not preferring such terms as *homologous* and *heterologous* before innocent and malignant, in the former are meant, as they commonly are, to apply to the structure of the several growths. Malignant growths may have the character of infiltration; that is, their elementary structures may be inserted, infiltrated, or diffused in the interspaces and cavities of the tissues in which they lie. Thus in its early state a malignant tumor may comprise, with its own proper elements, those of the organ in which it is formed; and it is only in its later life that the elements of the tissue or organ disappear from it, gradually degenerating and being absorbed, or possibly, yielding themselves as materials for its growth. Thus a hard cancer of the mammary gland includes in its mass a part or even the whole of the gland itself, as if they were only a conversion of the gland-tissue; and one may find within the very substance of the cancer, the remains of the lactiferous tubes involved in it, and with the microscope, may trace it in the fibro-cellular tissue that separated the gland lobes, and the degenerated elements of the epithelial contents of the tubes and acini. But among all these, lie the proper cells of the cancerous growth, and these usually increase while the original structures of the gland decrease.

So too in medullary cancerous disease of the uterus, the uterus itself, or part of it, is in the tumor and gradually wastes, while the medullary matter, diffused or infiltrated in it, is growing.

Many other instances of similar contrast might be cited; still the fact that their elementary structures may be thus infiltrated in the tissues they affect, is a characteristic feature

of malignant tumors; it being but rarely imitated in cases of innocent tumors.

Ulceration is said to be a peculiar characteristic of malignant growths, then ulceration being always preceded by softening. But this is not peculiar or confined to the malignant variety alone, for in certain non-malignant tumors if they grow rapidly, they are very apt likewise to a rapid decay; and they may suppurate and discharge their ichor and debris with foul and dangerous ulceration.

The quickly-growing cartilaginous tumors may imitate in these respects malignant growths; so also may large fibrous tumors be cited as instances. Or again when an innocent tumor grows more rapidly than the parts over it can yield, they may waste and ulcerate, and allow it to protrude; and it may now itself ulcerate and look very like malignant disease. This may be seen in the protruding fibrous tumors; that ulcerate and bleed, or in a more striking manner in the protruding vascular growths that have sprung up in the cystic tumors of the breast.

The tendency to ulcerate may be imitated by innocent tumors after injuries or in exposure to continued irritation, for they resist these things with less force than the similar natural parts do. Hence, sloughing and ulcerating fibrous, erectile and other tumors have been often thought cancerous, and so described. Then in speaking of this distinguistng symptom, we can but say, that there is a liability in the one case and a proneness in the other.

Again, another distinguishing difference is in this, that the ulcers which form in or succeed, a malignant growth, have no pparent disposition to heal; but a morbid substance, like that of which the original growth was composed, forms the walls or boundaries of the ulcer; and as this substance passes through the same process of ulceration which the primary growths pass through, so the malignant ulcer spreads and makes its way through tissues of all kinds.

A very noted contrast is very apparent even in the struc-

tures which are in the immediate vicinity of these tumors. Beneath and around an ordinary ulcer of the natural tissue, or of an innocent tumor, we find the proper tissues unchanged; or perhaps infiltrated with recent lymph, or the materials for repair, or somewhat indurated with lymph already organized. The base and margins of a cancerous ulcer are themselves also cancerous; those of a common ulcer are infiltrated with only reparative or inflammatory material.

In like manner, if ulceration extend through an innocent growth, it may destroy it all, and no similar growth will form in the adjacent parts, replacing that which has been destroyed; but in the ulceration of cancer, while the cancerous matter is being constantly discharged by sloughing or ulceration, from the surface, new matter of the same kind, and in more abundance, is being formed at some distance from the surface: so that in a section through an ulcerated cancer, one does not arrive at healthy tissue till after passing through a stratum of cancer.

It is said that malignant tumors are characterized by this: That they not only enlarge, but apparently multiply or propagate themselves; so that after one has existed for some time, or has been extirpated, others like it grow, either in widening circles round its seat, or in parts more remote.

But this is not a characteristic which is confined exclusively to the malignant growths, for many innocent tumors may be found in the same person. But in the condition and circumstances of the multiplicity there are characteristic differences. Thus, when many innocent tumors exist in the same person, they are commonly or always all in one tissue. An individual may have a hundred fatty tumors, but they shall all be in his subcutaneous cellular tissue. Many fibrous tumors may exist in the same uterus, but it is so rare, that we may call it chances, if one be found in any other part in the same patient: so many cartilaginous tumors may be in the bones of the hands and feet, but to these and the adjacent bones they are limited. Whereas, in malignant growths there is no limitation to their multiplicity.

There seems to be a natural tendency to affect the lymphatics connected with the part in which they first arise; but they are not limited to these. The skin and muscles, the liver, the lungs, the breast, and lymphatics may be all severally and simultaneously the seats of tumors. It is by far more common (and this is an important point in the diagnosis) to find the many malignant tumors scattered through several organs or tissues, than to find them limited to one. Then again, if there be a number of innocent tumors, they have a concomitant origin, and all seem to make, at least for a time, a commensurate progress. Not so with the ordinary course of malignant tumors. One first appears, and then, after a distinct interval of progress, others appear; and these are followed by others, with rapid succession.

It has been remarked that malignant growths have a proclivity to involve certain tissues of the body; while this may be true, there is no structure which has an entire immunity from its ravages. In reference to their multiplicity, we have just been trying to illustrate their contrast in this point with the innocent tumors, and a similar contrast is as obvious in the characters of the ulcers. It is seldom that a common ulcer extends, without slouging, from the tissues it has first affected into any other; rather, as a new tissue is approached, it is thickened and indurated as if to resist the progress of the ulcer. But before a cancerous ulcer the tissues in succession all give away as snow before the rising sun, becoming first infiltrated, then layer after layer, degenerating and ulcerating away with the cancerous matter. Striking illustrations of this may be seen in bones, in any of our large museums; and this takes place irrespective of location, when the soft parts are removed by ulceration down to the periosteum: at first new ossific deposits are seen in a circumscribed round or oval layer, from three to five lines in thickness. This new growth is compact, hard, smooth, and closely united with the front shaft beneath it.

While, on the other hand, specimens are found, which show

that where a cancerous ulcer reaches bone, at once the bone clears away before it; and a cavity, with abrupt, jagged, eaten-out edges, tells the rapid work of destruction. Neither are specimens rare, showing the progressive destruction of more various tissues, there is a case now in the Commercial Hospital of cancroid affection of the scalp which has destroyed a large portion of this covering, ulcerated through the pericranium, skull, and dura mater, and is now rapidly penetrating deeply into the substance of the brain.

We may here briefly recapitulate and sum up the characteristics of the non-malignant variety. 1st. Innocent tumors have a structure not very unlike that of natural tissue. 2d, They do not appear as mere infiltrations, displacing or overwhelming the original tissues of their seat; 3d, they do not show a natural proneness to ulceration; nor is the ulceration, which may happen in one through injury or disease, prone to extend into the adjacent parts; 4th, they do not appear capable of multiplying or propagating themselves in distant parts; and 5th, they do not grow simultaneously in many different tissues. The characteristics which have just been enumerated may be duly appreciated when it is found that each of them may be absent in tumors having all the other features of malignancy, and that certain of them may be observed occasionally in tumors that in other respects appear non-malignant. Objections against each character, separated from the rest, are of little weight against the total value of all these characters of malignancy, or of a majority of them, concurrent in one case. The same objections might be made against even the classifications of natural history; and none but such as are disposed to cavil at all nosology could fail in watching a series of cases of tumors, through many years, to observe that the great majority of them could be classed according as, in their course, they did or did not present the characters that we have enumerated. There might, per chance, be found some cases in which one or more of the signs might be wanting or misplaced; but, putting these

aside, as exceptions to be regulated by future inquiry, and looking broadly at the whole subject, no one could doubt that this division of tumors into innocent and malignant, may be justly made, and that the outward marks by which they are discriminated, are expressions of real difference in their properties and import.

It is quite certain that malignant tumors are local manifestations of some specific morbid states of the blood; and that in them are incorporated peculiar morbid materials which accumulate in the blood, and which their growth only tends to increase. And from what has been said, it is fair to conclude that their destructive characters are consistent with this view; and the absence of the same characters in innocent tumors may lead us to believe that they are usually local diseases, the result of some inexplicable error of nutrition in the part that they affect, and only in the same measure dependent on the state of the blood as on the natural tissues, which require and may be favored by the presence of their appropriate materials of nutrition. Or, as sometimes happens, an innocent tumor begins its growth during, or soon after, some general disease, we may suppose that it owes its first formation to an abnormal condition of the blood; but that when the blood recovers its health, the tumor subsists or grows on the nourishment supplied by the normal materials of the blood. Instances of tumors, thus constitutional in their origin, but subsisting as local affections, will be mentioned hereafter.

A very popular and generally received doctrine, as regards the origin of tumors is this, that whether they be innocent or otherwise, are due to the organization of effused blood, or of some inflammatory product, or of the materials of repair.

But the objections to this doctrine are numerous and decisive. It is an almost infinitely small proportion of injuries that are followed by the growth of tumors, and how is it that we can have the effusion of blood or lymph without an injury or some diseased action.

But here we will dismiss this part of our subject and hasten on.

We will now direct our attention, for a few moments, to innocent tumors alone, and speak very briefly of their classification. Our first division will be into the cyst or cystic tumors, and the solid tumors. Indeed, there are not a few instances in which the two divisions run together and become confused. Thus, on the one side, in cases to which I have already referred, a solid growth may spring from the inner walls of a cyst, and enlarge more rapidly than the walls do, may fill the cavity, and come in contact and unite with the walls; and thus may be traced a complete series of gradations from the cystic to the solid tumor. Again, on the other hand, cysts may be formed within solid tumors, and increasing more rapidly than the solid structure, may reduce it to scarcely more than a congeries of cysts, or to one great cyst.

It may be said that this is a useless and arbitrary division, for such classifications cannot be well made; because, between each two assumed kinds or groups of tumors intermediate examples may be found transitional, as it were, from one species to the other; the one, it is said, runs into the other; as Mr. Abernethy expressed it: "Diseases resemble colors in this respect—that a few of the primary ones only can be discriminated and expressed, whilst the intermediate shades, though distinguishable by close attention and comparative observation, do not admit of description and denomination." He does not for one moment, because of the intermediate tints, refuse to name and arrange the primary colors, so neither did he, nor need we hesitate to name and classify diseases, and among them the principal forms of tumors.

Tumors having a compound structure are mentioned os objections, but these are exceptions.

With the same propriety we might discard the classification of the tissues of the body. The various forms of the fibro-cartilage, for instance, fill up every possible gradation from cartilage to fibrous tissue; between fibro-cellular and fibrous tissues, between tendons, aponeurosis and faciaæ, between epithelium and simple membrane. There are in the natural

ctures the narrowest gradations. Yet we name and nge the natural tissues with some truth and much utility; l so we may the tumors that resemble them.

That the characters of tumors are not constant, and that ny must be reckoned as examples of one species, which e not much, if at all, like one another, is again urged as nother objection. And this diversity of characters is, indeed, ne greatest difficulty with which the pathology of tumors has o contend; but the diversity is not to be called inconsistency; is due to the fact that each tumor has, like each natural issue, its phase of development, of degeneration, and of disase. Now, we have scarcely yet begun the study of the aristions to which, in each of these phases the several tumors re liable. We may have learned, for example, the general haracters of cartilaginous tumors, as they grow in the most avorable condition: but how little do we know of the various spects these may present when they fail of due development, r fall into various diseases or variously degenerate. Yet ll these changes have to be studied in the history of every umor; and it would be as reasonable to charge any natural issue with inconstancy because it is altered in development nd disease as to hold that the similar diversity of tumors is n objection to their classification according to their structure.

Our object in being thus minute is not only to distinguish ach kind of tumor from all other kinds, but in order that e may distinguish each kind from itself. The difficulties of ich a task are nearly insurmountable, but they must be vercome before we can cease to speak of "anomalous tumors," nd of strange distorted masses, or which is more important, efore we can, even after the removal of the tumor, make out a orrect prognosis.

But, gentlemen, I feel that I have already detained you nite too long, and with the hope that some time in the future may be permitted to resume this very important subject, I ease for the present, for we have scarcely arrived at the reshold of our investigations.

DISCUSSION.

Dr. ARNOR said that the distinction between the malignant and non-malignant growths is often a question of difficult solution. The *degree* of malignancy varies very much in different cases. Hence the doubtful and often intermediate character between the malignant and non-malignant growths. Many interesting facts have been accumulated as to their microscopic structure—their rapid extension by multiplication of cells—their tendency to pervade compound organs, &c. But still he believed that the microscope had failed to clearly point out the distinctive characteristics of the heterologous formations. At an early period in the study of histology, it was thought that a certain *form* of the cell was characteristic. But the result of many examinations has proved that there is no *one* form of cell that can be relied on as a diagnostic and distinctive test.

There is perhaps no one characteristic more striking than the general exsanguine state of the textures, which is obvious in the extreme palidity and sallowness of complexion. The general system appears to be affected with a peculiar cachexia marked by languor, emaciation, debility, and a degraded nutrition.

He alluded also to the development of *Parasitis* in malignant growths. This is a question of growing interest among pathologists. Low forms of organic matter are often found in diseased structures; what relation do they sustain to the lowered vitality of a part? Perhaps the diseased structure, especially when the powers of healthy nutrition begin to decline, affords a suitable *nidus* for their development.

He called attention to some interesting points of diagnosis in specific malignant diseases of the stomach. These often confessedly obscure, are frequently confounded with tumors of the epigastric region, especially in the situation of the pylorus. True, the character of the pain, the emaciation, the constitutional cachexia, the nausea, vomiting, etc., may

lead us to *suspect* malignant disease of the stomach. But he desired to call attention prominently to the fact, that low form of animal parasitis, such as the vibriones and sarcinæ, are found in the yeasty matter ejected from the stomach in malignant diseases. This is a diagnostic point that we should not fail to avail ourselves of.

The same thing is observed in malignant diseases of the kidneys, bladder, and prostrate gland. Microscopic observation often reveals a large quantity of animal infusoria in the urine.

Dr. CARROLL said it appeared to him that surgeons were still undecided in what cases morbid growths would be removed with benefit to the patient. He supposed the occurrence of animalcules on the free surface of tissues, such as the mucous membrane, would not lead us to suppose they would also exist in the tissues of a tumor. He is of opinion that non-malignant tumors may become malignant from injury or other causes, and which if removed previous to their degeneration, a cure would be effected which afterwards would not admit of such a prognosis.

He related a case of fleshy tumor which at first was homogeneous, and in a man of sound health to all appearance, this afterwards became softened, and the patient's health began to decline; the tumor was removed, but a deposit of encephaloid matter took place in the peritoneal cavity, of which he died.

Dr. MUSSEY related a case of abdominal tumor which was at first involved in some obscurity, it was pendulous and appeared attached to the transverse colon, and admitted of being raised upwards; when the patient took the erect position, it reached as far as the pubis; its apparent connection was thin, its lower border broad, giving it a wedge-shaped and crescentic appearance. Upon inquiring into the habits of the woman, it was learned that she was in the habit of taking large quantities of charcoal, and for a long time. Enemata were used which brought away portions of charcoal

without however lessening the size of the tumor, which was caused doubtless by the accumulation of that material in the transverse colon.

With regard to innocent tumors becoming malignant, he was not prepared to admit. Microscopists regard innocent tumors as simple hypertrophies, the canceous or malignant contain cells which are at all events different from those found in natural tissues. From the late investigations at the College of France, it would appear that these peculiar cells may be absent though the tumor be of a malignant character.

Dr. Blackman commented upon the unprofitable and unsatisfactory results of the investigations made by distinguished pathologists, and stated that as yet, the surgeon is not in the possession of a positive test of malignant growths, especially in the earlier period of their existence. One of the speakers had alluded to the appearance presented by the patient as affording some evidence of the character of the morbid growth. Now modern pathologists tell us that innocent tumors never degenerate, yet every surgeon knows that those which have proved their malignancy by ultimately destroying the patient, have now and then existed for many years, unaccompanied by any signs of deterioration of the general health. The appearance of a patient, therefore, may not in some cases afford material aid in discriminating the malign from the benign tumors.

The microscopists have sadly disappointed the expectations of many who have anxiously watched the results of their investigations. Velpeau was among the first to urge them to direct their attention to this subject, but we all know what little value he now attaches to the *cancer-cell.* He divided a mammary tumor into into five pieces, and sent one to five well-known microscopists. They could not find a *cancer-cell* in it, yet in the course of a few months the disease reappeared in the vicinity of the cicatrix, and soon destroyed the patient.

Within the past two years one of the Edinburgh societies appointed a committee to report on this subject. This committee Dr. Bennett informs us, found it utterly impossible to form any satisfactory conclusions, and such, Dr. Blackman believed, must be the acknowledgment of all who have carefully and impartially examined the matter. The microscopists deny the malignancy of epithelial tumors, and assert that they are not liable to return after extirpation. Dr. B. had heard some of the oldest teachers in this country express the same opinion, but he had seen many cases in which the disease had returned, either at the original seat of the affection, or in the immediate vicinity of the wound. Such he believed had been the experience of Velpeau.

Dr. Baker concurred in the views of Dr. Blackman with regard to epithelial cancer, but was inclined to believe that non-malignant growths may become malignant. He related a case of a tumor on the tibia which was for a long time of simple character, unattended with pain until injured by a severe blow, it then became softened, and rapidly increased in size, when removed it presented all the appearance of medulary sarcoma. Its removal was shortly afterwards followed by Fungus Hematodes for which amputation of the thigh was performed. The disease however returned, and the patient died.

Dr. Mussey said that it has been proved that the disease may be eradicated by repeated operations. He alluded to the case in which his father had operated first for disease of the thumb and fore finger; and in successive operations the fore arm, arm and finally the clavicle and scapula were removed. The first operation was in 1817, the man is still living, and has had no further return of the disease. He would not withhold the operation, unless the parts were so involved by disease as to make it a problem whether the patient would survive.

Moved that epilepsy be the subject for discussion at the next meeting.

ELECTION OF MEMBERS.

Drs. Geo. C. Blackman, B. F. Richardson, J. T. Helm, and S. B. Tomlinson were unanimously elected.

Correspondence.

West Philadelphia, Pa. Feb. 10, 1856.

Mr. Editor—The following case will doubtless interest the readers of your valuable journal. It occurred in the practice of Dr. Wm. Corson, of Norristown, Pa. With his permission I will attempt to present the case, in its details, as related to me by him, as accurately as my memory will permit.

In the month of October, 1855, John W., about 35 years of age, of intemperate habits, fell upon a quart flask which he was carrying in his pataloons pocket, thereby inflicting a wound in the left side of his abdomen midway between the anterior superior spinous process of the ileum and the symphysis of the pubes. The incision was about one inch in length, and running almost parallel to the fibres of the obliquus externus muscle. The glass penetrated through the integuments and muscles, into the cavity of the abdomen, piercing a hole into a portion of the small intestines, sufficient to admit an ordinary quill.

The evening was wet and chilly; he laid some three hours after the receipt of the injury before de was discovered. With some assistance he walked a hundred yards to the toll-house of the lower bridge. In a few moments afterwards, Dr. Corson saw him. He was very wet, and almost pulseless. On opening his pantaloons, there lay from four to six yards of small intestines, with pieces of glass through them. Upon examination, they were found deeply conjested, cold, and bloody. The opening in the bowel, above mentioned, gave exit to its contents in a steady stream. At once, the opening in the gut was tied up, by passing a small firm ligature around

it, in the manner we encircle the mouth of a bag, and the ends of the ligature were cut off close to the knot; the whole was carefully washed in tepid water—the external wound was enlarged, and the mass returned to the cavity of the abdomen. A few stitches secured the external wound, and the edges firmly united by adhesive strips.

Stimulants, internal and external; were freely resorted to, until reaction was established; also, at the same time, sulph. morp. was administered to relieve pain.

The general treatment pursued was the free use of sul. morp. to keep the bowels as quiet as possible and to control pain, which he complained of for several days, in the right lumbar region. His bowels were not distended until the evening of the 8th day, when a mild enema was given, which purged him freely.

He was kept upon the lowest diet; for two days, nothing was given but cold water. The third day he was allowed some rice and barley water; on the seventh day, a little oyster soup was added. A more nutritious diet was permitted as the fever and soreness abated.

I was on a visit to Norristown fifteen days after the occurrence of the accident: Dr. C. asked me to go with him to see the patient in question. We found him sitting up in bed, looking lively, and cheerful, reading a newspaper—his pulse was full, and quiet, and without pain in any part of his abdomen. The external wound was perfectly healthy in appearance and almost well. A dose of castor oil was ordered to be taken, which, I afterwards learned, caused a free and natural stool. The ligature was expected in the stool, but it was not found, either because it was so small as not to be seen, or it had become decomposed in the fecal matter before it was discharged.

He gradually got well without an untoward symptom; and I am free to say, that for his happy recovery he is indebted to the care, judgment, and tact of his physician; for, certainly, with a racked constitution from exposure, disease, and

strong drink, a result so desirable, and consoling to himself, could have been attained in the hands of none but the skilful and well-informed. ISAAC W. HUGHES, M. D.

COUNTY OF RICHMOND, VA., Jan 31, 1856.

PROFESSOR WOOD—Dear Sir—I had the pleasure of receiving your excellent journal a few days ago, for which please accept my thanks. * * * * I take the liberty of sending you, for the journal, "Observations on Scarlatina, as it occurred in the counties of Richmond and Westmoreland, Va., in the winter and spring of 1854." No disease, perhaps, whose pathological symptoms are so regular and well marked, has received such a variety of treatment as Scarlatina, nor are physicians, at present at all agreed as to the general plan of treatment. This may arise from the varieties of the disease itself, the type of the prevailing epidemic, the atmospheric vicissitudes under which it occurs, &c., and other *physical phenomena, unnoticed by writers.* Scarlatina invades the skin, the tonsils, the mucus membrane of the fauces, pharynx, and with slight arterial action, alternating with chills, weariness, languor, and dejection; scarlet efflorescence occurring on the third day; desquamation of the cuticle a few days after, and subsidence of the disease. This is a scarlatina simplex, of authors, which varies in type from the appearance of mere roseola to the more serious form of scarlatina anginosa. This variety, if let alone, from numerous cases seen by the writer, requires little or no treatment, and the less medical intermeddling the better.

During the occurrence of these cases, however, if the weather is very cold, and the patient exposed much either previously or during the disease, or if drastic purgatives have been resorted to, the malady suddenly assumes the aggravated symptoms of the more severe disease, the pulse becomes feeble and quicker, restlessness greater, the tongue dry, presenting the appearance of red papillæ; eyes red, with great sensibility to light; throat sore and painful; swelling of the

glands; tonsils enlarged and highly inflamed, with most of the symptoms of Cynanche Maligna, the redness of the skin being in patches, with little or no elevation of the surface, however; this is a case of the anginose disease, the redness and swelling of the tonsils being a prominent symptom which may be severe, even malignant, according to treatment or other circumstances, either of constitution or locality. There was no vomiting or nausea and no sequelæ or secondary symptoms in the cases which the writer attended, from the beginning of the disease, except one case, *a boy of* 8 *years old;* this case recovered as did the others, some eighteen or twenty in number. These cases occurred in January and February. In the succeeding months of March and April, a malignant form of Measles broke out, attacking patients from a few years old to 50 years of age. Several of the patients who had the scarlet fever took the measles—*a circumstance to be noted.* These cases, about forty in number, recovered, though there were instances of death in the region at the time. The writer had seldom an opportunity of seeing patients in secondary stages of Scarlatina. The disease must have been very severe in these counties and the region generally, as many deaths occurred from it. One physician lost a son, another two children of his own. In some localities the disease was very fatal. As I am writing for proficients, many of whom are doubtless much better acquainted with the disease than myself, my observations on the treatment shall be brief. Various remedies have been employed in the treatment of Scarlatina both in this country and in Europe. Bloodletting, purgatives, emetics, rubefaciants, have all been tried, highly extolled, and condemned. Unctious medications to the general surface of the skin have been highly approved. Most of the above means have been abused by rash or indiscreet practitioners. From conversations with our brethren in the profession, and from notices of essays appearing in medical journals occasionally the last fifteen years, I am disposed to think that too great use has been made of bloodlet-

ting and purgatives, especially the latter.; nor has rubefacient applications to the throat, nor blisters, appeared to suceeed. The little sufferer is struggling with a powerful enemy (*a sore disease*) which requires all of the powers of the system to resist, and it seems little less than madness to place upon him another power, which, by reducing his strength, lessens his chance in a struggle with an enemy which is not to be immediately shaken off. As the disease is self-limited, and *will* run its course, palliatives then seem to be the indications, and they have succeeded with me. Diaphoretic anodynes (especially the preparations of morphine, antimony, squills, asafœtida, with nitrate of potassa, with an occasional laxative of ol. fs, or some other mild aperient, if the bowels are confined, pediluvium, a strictly antiphlogistic diet, deturgent gargles of capsicum borax and honey, or acetic acid and tinct. capsicum and chloride of sodium are indications, and they have succeeded. Bleeding, if the pulse requires it, which is not often, as the arterial excitement is somewhat sympathetic, leeches do not succeed generally. In the early part of the disease I generally give the following:

℞ Pulv. Ipecac.,	12 gr.
Ant. Tart.	½ "
Nit. Potassa,	6 "
Sulph. Moprh.,	4 "
Glycyr. glabra,	2 ʒ
Aqua Ferv.	4 ʒ

M. Fiat mistura.

Dose, a teaspoonful—once in 2 hours.

It is seldom physicians have time to write with much deliberation. Please excuse the above.

With much respect, yours, &c.,

B. R. Battaile, M. D.

Progress of Medicine.

GERMANY.

On Worms.—From the German. Translated for the "Western Lancet."

Man boards and lodges within his body a great number of Worms. There are known over twenty kinds of worms, which have been found not only in the intestines, but also in almost all the other organs of the human body, and many of them in places to which no external access exists, partly in the most hidden inner organs, as in the brain, in the eye, in the muscle, in the liver, in the kidneys, &c. Many physicians assure their patients, that worms, as the lumbricoides, ascarides, and the tape worms, are generated at the expense of the substance of the body by a morbid disposition, which can be corrected by proper remedies. The investigations of our days have put an end to such theories. The extraordinary fecundity of most of the intestinal worms was already known in former days. A single tape worm generates annually several millions of eggs; a lumbricoid perhaps surpasses it yet in fecundity. The giant strangle, *strangulus gigas*, which fortunately very rarely is found in the kidney of man, but when there, unavoidably causes death by the destruction of the tissue,—this worm, which is probably one of the most sterile, yet produces at least hundreds of thousands of eggs in one year. And this tremendous production of eggs is not limited to one time, as is the case with many other animals; but the lumbricoids and other round worms live to a certainty several years, and the formation of eggs or living young ones goes on uninterruptedly. The propagation of the tape worm is almost unlimited; for we know now, that the small head with its thin neck, which clings firmly to the wall of the intestine, is *the* productive animal proper, which develops at its hinder end by germination always new although in many respects incomplete animals, which continue attached to the mother and thus appear as joints, each tape-worm-joint is an independent sexual animal, for each of these joints has male and female generative organs, each one generates thousands of eggs, and when these eggs are ripe, the joint or a series of joints drop off, and pass off with the contents of the intestines, to begin a new life without and to go through new stages of development. In the mean time the firmly adhering head causes the shoot of new joints, and the severed ripe joints are replaced by immature new ones, which gradually grow and develop. If we consider, that the mature joint of a Tænia Solium has the length of only a quarter of an inch, that such a tape-worm may grow to the length of perhaps 100 feet, and that each of the 4800

joints, which would compose such a worm, is a mother of perhaps [illegible] eggs, we can form an idea of the immense productive faculty of such a very little head. Hence a person afflicted with tape-worm carries with him in his body a constantly producing source of microscopic tape-worm eggs, which he deposits every where with the contents of his bowels, and with which again dung-pits and [illegible] are filled, and which are carried away everywhere in manure and the drainings. The farmer who dungs with such manure or irrigates with such drainings his fields and meadows, the gardener who waters with such dung-water his herbs and vegetables—they all sow unconsciously worm-eggs into the earth, upon plants and kitchen vegetables. The drainings of water-closets and privies, which have been used by tape-worm patients, carry hundred thousands and millions of microscopic little eggs into creeks and rivers, where they are perhaps swallowed by their inhabitants, or perhaps deposited on their banks.

Besides all this, these eggs have a vitality, which almost surpasses that of the seeds, which were embalmed with the mummies. They resist the most destructive agencies found in nature. Excess of dampness has no more effect upon them than complete exsiccation; [illegible] cold prove ineffectual; the acrid leys and salts of the [illegible] and decomposing substances do not destroy their power of development. Only boiling heat, which does not exist in nature, and concentrated acids and alkalies kill these eggs. The time of their duration as eggs has not yet been ascertained, but they can certainly last for years, until the favorable conditions for their development are realized. Hence we see already in the beginning of the multiplying process two essential guaranties of propagation [illegible], although under unfavorable external conditions; viz., the generation of numberless germs, and the indestructibility of these germs under ordinary circumstances.

The tape-worm egg gets in various ways to the place of its destination. How many insects and larvæ of insects live in mud, in [illegible] water, in foul substances; how many other animals again in [illegible] and on plants in the water, where the eggs are carried! There [illegible] probably the larvæ of the cock-roach, which in dung and [illegible] receives the tape-worm-seed, and as bug carries it into the [illegible] of the baker and under the flour; here it is perhaps the [illegible], which with the lettuce-leaves appropriated to itself such little [illegible] and allows them a temporary shelter in its respiratory cavity, [illegible] they nestle, until the snail is eaten by another animal. With green parsley, lettuce and all the unboiled herbs, which are [illegible] in our kitchen and placed upon our table, we bring perhaps a [illegible] of these microscopic tape-worm-eggs into our intestines, [illegible] adhere to them in spite of our cleanliness and careful washing.

With the grass, which it eats, the sheep swallows the tape-worm-eggs, which comes from the excrements of the shepherd's dog, and

which develops in its brain as magot, (Coenurus cerebralis) until a wolf or another carnivorous animal eats the brain-sick sheep and the (Coenurus) maggot gets with the prey into the stomach and bowels of the marauder, where it develops into tape-worm.

Thus there are innumerable ways for these invisible little eggs, to get to proper places for their entire or partial development. But with even this, all means are not yet exhausted. From the egg slips forth a young one, formed of soft granulous substance, which has the power of expanding and contracting in all directions, and scarcely larger than a blood-globule is armed with six little hooks, which can be arbitrarily moved and directed backward and forward. By means of these hooks this diminutive creature bores itself through all tissues, without leaving a trace of its passage. With the anterior stiletta—like hooks it punctures, with the two lateral pairs it presses against, increases the opening, pushes itself forth and squeezes through by contraction and expansion. From the intestine it can thus slide into the abdominal cavity, into the muscles, into the blood-vessels, creep with the blood through the vessels of the body, again work itself out of the vessel and settle anywhere in the body, perhaps in the brain or in the muscular substance.

There new metamorphosis often await our little worm. The animal, in which it is fastened up, is perhaps not its proper and definite abode; the organ, in which it fixed itself not fit for its sexual development, from which it can thrust off its eggs and joints into the outer world. Now the young tape-worm gives up wandering, it encapsules itself, increases, its hinder end grows bladder-like large, fills itself with albuminous fluid, it becomes an hydatid, a Cysticercus. In this manner transformed to an incarcerated life in a narrow cell, the Cysticercus buried in the interior of an animal, can await for years a development, which often only accident offers.

In other cases, however, in compensation of the sexual generation which it never accomplishes in encapsuled state, it gets the faculty of sprouting. Its vesicular tail becomes the place, where numerous little heads and necks sprout, and the colony, which thus originated by sprouting, and often contains thousands of little heads capable of development, expands more and more, grows at the expense of the neighboring organs, which suffer by the pressure and diminish. Thus the health of the inhabited animal becomes impaired, which sick and debilitated now the sooner becomes the prey of a rapacious animal. There in the intestine of this animal is at last the proper place for the sexual development of the tape-worm. The vesicular tails are cast off, every head becomes free, sucks and hooks itself somewhere on the intestinal wall and shoots forth joints, which generate new eggs and thereby cause a new cyclus of life to begin.

In this extract from a physiological essay we add the following

very interesting experiment made by Dr. F. Kuchenmeister of Zittau, as reported by him in the *Vienna Med. Wachenschrift*, 1855, 1. proving that Cysticercus cellulosæ is transformed within the human intestinal canal into Tænia Solium. Through the assistance of medical friends Dr. K. had the chance to experiment upon a criminal condemned to the guillotine, although the shortness of time allowed (from 6 to 8 days) gave him but little hope of success. The delinquent was caused to swallow in a dish of soup seven pieces of new Cysticercus tenuicollis from the mesentery of a pig, and ten hours before six pieces of Cyst-pisiformis from a rabbit. 72 hours before his death he took 12 pieces of Cysticercus cellulos, (measles) from raw pork in a blood-pudding, and 60 hours before his death 18 pieces in a soup of rice, 36 hours before his death 15 pieces in a noodle-soup, 24 hours before his death 12 pieces in a sausage, and again 12 hours before his death 18 pieces Cyst. cellul., hence, altogether 75 pieces, which after the animal had been killed, had been exposed to the open air, about 72, 84, 108, 120, 132 hours. The execution took place 120 hours after the administration of the Cyst. tenuicollis, and 72 hours after the first, 60 hours after the second administration of the Cysticercus cellulosæ. Dr. K. could not examine the intestinal canal until 48 hours after the execution; it was done 60 miles from his home in the anatomical rooms in presence of several Professors and Demonstrators. He found in the Duodenum a little Tænia, which with its proboscis thrust in, was attached to the mucous membrane of the intestine. Put under the microscope one saw distinctly the snout, upon which, also turned forward, sat four hooks very loose, which after careful comparison with other preparations, proved to be the hooks of the Tænia solium. Besides this he found yet three Tænia solium in the Ileum, and six more in the washings, but these without hooks. With the exception of a single one, which was from 6 to 8 millimeters long, and had a very nice, scarcely yet cicatrized appendage, all the others were from 3 to 4 millimeters long, and showed at their hinder end the little *S*-shape-tailed indented contraction. Of the last administrations no trace was found, probably because the Cysticerc. cellulos were introduced into the intestinal canal, when already dead, and the result is to be attributed to the two first administrations only. Dr. K. now infers 1st, that Cysticercus cellulosæ is the Scolex of the Taniæ Solium Laminis. 2d. That the infection with Tænia Solium is the same as with other Tænia originating from Cysticercus. 3d. That we get infected by introducing Cysticerc. cellul. in raw or cold meats, &c., into our stomachs. 4. That it is proven by experiments made by order of the Government by Dr. K. and others, that Cysticerc. cellul. can be generated in the hog by feeding it upon the joints of the Tænia Salium; 5. that they have not succeeded to generate Cysticerc. cellulas in dogs and sheep by feeding them with the ripe joints of the Tænia Solium.

Dr. K. in a former essay in 1852 (*Prager Kerteljahrsschrift*, Vol. 33, p. 106) has published the results of his very interesting researches, experiments and observations regarding the generation and propagation of Tænia, &c., to which we call attention.

We conclude our gleanings upon this subject by adding the latest remedies for the destruction and expulsion of Tænia from the intestinal canal.

1. *Kousso* or Brayera anthelmintica has been known to the profession for several years. According to the experience of H. I. Alphert's (*Nederl. Lanc. July, Aug.*, 1853) neither the watery nor the etherial extract of Kousso has any effect, but the virtue is in the volatile parts of the Kousso-flowers. He has administered of the pulverized flowers from 5 to 7 drachms, even 12 drachms without bad effect. It acted in from one-half hour to 24 hours.

Saoria, the ripe dried fruit of Mæsa pieta, Kachstetter found in Abyssinia, imported and introduced into commerce in Hamburg as early as 1850. Strahl in a paper read before *la Societe de Medecine in Paris*, asserts that it is superior in its effect to Kousso, being mild, yet certain in killing and expelling the worm. The dose is one ounce of the powder of Saoria in gruel or sweetened water, in the morning before breakfast. Evacuations follow two or three hours afterwards, and in them the dead Tænia.

Tatze or Zatze or Zazeh, the fruit of Myrsina Africana, L. Strohl in the above mentioned paper says, Tatze acts less mildly than Saoria, but is a strong and sure tænifuge. The ordinary dose of the powdered fruit is half an ounce in aromatic tea or water. If no stools follow within three or four hours, castor oil has to be administered. (*See Braithwaite's Retrospect*, Vol. 30, page 65, *on Tatze.*)

ENGLAND.

On Polypiform Prolongation of the Uteri. By Dr. Szekkits.

The subject of this paper is a remarkable case, considered, indeed, by the author, when taken in all its bearings, as unique. It is an example of polypiform prolongation of the anterior lip of the os uteri becoming developed towards the end of pregnancy, and disappearing spontaneously some time after delivery. Such prolongations are usually congenital, or come on at, or soon after, puberty, and they are rarely confined to one lip. It is not very rare to meet with hypertrophy of the vaginal portion of the uterus, as a consequence of injury done to the cervix in labor, the anterior lip usually being the part that suffers most, and sometimes the only part affected. Still more frequent are cases in which we meet with prolongation during the first days of the puerperal state, induced by in-

flammatory or œdematous swelling. This is easily distinguished by the œdema of the surrounding parts; but even after the involution of the uterus has become completed, the part does not diminish to its former volume. The few cases of polypiform prolongation of one or both lips, that have hitherto been recorded, have required amputation.

This case occurred in the person of a primipara, aged 29, who had menstruated regularly since she was 19. During the latter months of her pregnancy, she had observed something pressing from the genitals, but coition was not impeded; and three weeks prior to delivery, (which took place at the eighth month,) she perceived a tumor projecting from the vagina, which was declared to be a prolapsus uteri. Examined the day after here confinement, a dark-red, smooth, almond-shaped tumor, was found projecting about half-an-inch beyond the external parts, and consisting in a prolongation of the anterior lip of the os uteri, the posterior one being of its normal size. The swelling was painless, and the vagina was in a normal condition. The consistence of the tumor was hard and knotty, resembling swollen glands. The condition of the patient, suffering from high fever with delirium, forbad amputation of the part; and during a severe endometritis that ensued all that was done as regards the tumor, was to observe the strictest cleanliness. Nevertheless, it gradually diminished in size, so that by June 19, (she having been admitted May 15,) the two lips of the os were equal, no trace of hypertrophy remaining.

Such prolongations of chronic origin, and only removable by surgical operation, are not so rare. The author gives a brief account of two cases, and refers to "Virchow's Archiv." for two more.—*Wien Wochensch.* 1855. No. XXXIII.

Is Vaccination Performed with Sufficient Care?

[We copy the following remarks on Vaccination from the "Medical Times & Gazette," London, for the interesting statistics contained in the article, and other facts of general interest, though it was designed by the editor of the Times to have a local influence on the British government.]

When Parliament meets, it is to be hoped that early in the session, before Easter, some few hours will be devoted to the amendment of the Vaccination Act; and we venture to hope that, whatever other improvements may be effected, the care and superintendence of Vaccination will be taken from under that sordid control of the Poor-Law Board, and transferred to the Department of Health.

We trust that none of our readers failed to notice the letter from Mr. W. B. Kesteven, which appeared in our last number. The

question which it raises is one which involves the very character of the profession. It is alleged that the operation of Vaccination is often performed most carelessly. Let us see on what grounds this allegation rests; what reasons can be brought forward in extenuation, if the accusation be a just one; and what remedies can be provided for the future.

It seems that with regard to Small-Pox, the amount of protection which we have enjoyed during the last forty or fifty years, from Vaccination, has engendered a false feeling of security, and a carelessness in the application of the preservative measure. Besides, England is a free country; it has been the work of half a century to induce our legislators to make Vaccination compulsory; and there is among the vulgar in all countries, and the English vulgar especially, a certain period of time necessary to wear out their aversion to all new remedies sanctioned by the better educated classes. At its first introduction, Vaccination was opposed by a certain set of moralists, clergymen, and gentlemen; five-and-twenty years later, its chief opponents were the tradesmen and middling classes; now it is excepted by all but the most uneducated, who can "recollect their father saying, that Justice Such-a-one used to say, that it was wicked to put a disease from a horned animal into the body of an innocent baby: and that, if the Almighty didn't mercifully send Small-Pox to take away some of us, we should multiply so fast, that we should be obliged to eat one another up."

The proof that Vaccination is carelessly performed in England, lies in a nut-shell. A century since, in round numbers, the loss from Small-Pox was at the rate of from 80 to 100 of every 1000 deaths. For instance, in ten years ending 1780, the London deaths from Small-Pox were 98 in the 1000 deaths; in Lower Austria during the ten years ending 1786, they were 67 per 1000. But during the ten years ending 1850, the London deaths from Small-Pox were 16 per 1000; in Dublin, 25 per 1000; in Edinburgh, 19 per 1000: in which cities Vaccination was not compulsory. On the other hand, in Lower Austria, the mortality was 6 per 1000; in Lombardy, 2. These are countries in which Vaccination has become compulsory. To adopt the words of the well-known and valuable Vaccination Report of the Epidemiological Society, in 1853, the mortality from Small-Pox in England and Wales is considerably more than double what it is in any country where Vaccination is compulsory. Moreover, "the proportion of deaths from Small-Pox in London to the total mortality is three times, and in Glasgow as much as six times, what it is in Brussels, Berlin, or Copenhagen."

But the allegation is, not merely that numbers of the population were a few years since, and still are, not vaccinated at all, but that now they are vaccinnated imperfectly and carelessly; and that imperfect or careless Vaccination affords very inadequate protection.

This is proved conclusively by Mr. Marson, in his well-known communication to the Medico-Chirurgical Society in 1853. Out of 3094 patients who had the Small-Pox after Vaccination, 1357 had *one vaccine cicatrix* only; moreover, by comparing the vaccine marks of foreigners with those of the English, it was evident that Vaccination was performed more carelessly among the latter than among any other, the French excepted.

To these formal and numerical statements, may be added a large mass of testimony, such as the following:

"Mr. Kimmell, one of the Medical officers of the Warwick Union, complains of the inefficiency of the Vaccination Act, in consequence of the inadequate remuneration. *No. Medical man will take any trouble:* the consequence is, that thousands who are vaccinated are never inspected afterwards, and that numbers never pass through the disease at all."

"Mr. Robinson, of Bodmin, says,—'The Board of Guardians appointed a medical man, at a very low fee, to vaccinate in twenty-one parishes (statute acres 87,410, population 20,790). Stations were appointed, and the hour fixed for mothers to bring their children, and there was an end of it; little attention being paid to the eighth day either by the Doctor or the mother; the former could not go to see his patient on account of the remuneration, and the latter could not attend at the station with her child, because it was washing-day. Such was the way Vaccination was carried out in our district, for the truth of which my Medical brethren will vouch."

Such testimony is abundantly sufficient to establish the statement made by Mr. Kesteven; and it shows clearly enough the cause and excuse. Men must live. They must take the parish, or be liable to share, with a hungry rival, the practice of an already ill-paying district. The wretched eighteenpence is no compensation for the time absorbed in getting the people together; in making carefully the requisite number of punctures on each child's arm, and ensuring the infection of each puncture; in registering the fact, and inspecting and registering its results, and in writing two certificates besides, and whatever is ill-paid, will always, in the long run, be ill-done.

The obvious remedies are,—better pay, and inspection of the work by an Officer of Health, or some similar functionary.

If any of our brethren, who do not quarrel with the proposal to increase the pay, yet think inspection derogatory, we will only remind that no reasonable man who is well paid for his work, can refuse a guarantee that the work done is really what it pretends to be.

UNITED STATES.

Effect of Urea on the Brain.

[The following case is extracted from a private letter from a young physician to a professional friend in this city; as it was not intended for publication the names of the parties are withheld. We approve of the views taken by the author, and acknowledge our indebtedness for the contribution—Eds.]

I was called to see a gentleman about sixty years of age, about nightfall. I found him in a comatose condition, and was informed he had been so for eight or ten hours. I learned that the evening previous he had been tolerably well, with the exception of a slight headache. This had not prevented him from conversing as usual. He retired to bed early, and in the morning complained of his head and of general uneasiness. He did not get up, but in the course of an hour or two his son-in-law assisted him into an adjoining room where there was a fire. He laid down, but was not much noticed for half an hour, when on attempting to rouse him he was found to be insensible. Some tea was poured into his mouth, which he swallowed. He soon after began to sweat profusely, which his family interpreted to be a favorable symptom. Things went on thus until night, when, as I stated, I arrived, and found the patient in a perfect state of coma. I endeavored by every means to rouse him, but without success—his pulse was rapid and feeble. On applying my ear to his chest I could detect a loud subcrepitant *rale* in the upper portion of the lungs, as though the bronchial tubes were partially filled with mucus. Some little sign of sensibility was manifested by the patient upon pressure over the region of the kidneys. I endeavored to make him swallow an emetic, but the power of deglutition had ceased. While examining his chest I was struck by the very strong smell of urine about his person and the bed clothes, and thought he had passed his urine in the bed; on examination I found I was mistaken. I inquired when he had last made water, and was told not since the day previous. I examined the bladder, and finding but little urine, concluded he had suppression, probably dependent upon inflammation of the kidneys. I had several enemata administered, but in consequence of relaxation of the sphincter they came away almost immediately, bringing but a small quantity of fœcal matter. The hot bath, blisters to the neck, mustard to the spine, &c., failed to do any good; the coma increased, and about four hours after my arrival the patient was a corpse. Unfortunately, as is too often the case in the country, I was refused the privilege of making a *post mortem* examination.

There was, probably, in this case subacute inflammation of the kidneys, giving origin to the suppression. The blood became loaded with urea; there was an attempt on the part of the skin to relieve the system, which failing, the result was coma and death.—*New Orleans Med. News and Hospital Gazette.*

FRANCE.

Sulphate of Iron.

M. Devergie has employed with great success at the Hospital St. Louis, a pommade of sulphate of iron, in cases of eczema and impetigo occurring in persons of lymphatic temperaments. The pommade is made of one part of iron to thirty of lard.

Uterine Douche.

M. Bougeois, relates instances in which the uterine douche had been successfully used to renew contractions of the womb in suspended labor, four cases when it overcome rigidity of the neck, and one in which it arrested a hemorrhage attended with inertia.

Ice to the Eye.

M. Magne relates his experience in the application of ice to the eye after the operation for cataract by abasement. It invariably prevents subsequent inflammation. His experience is corroborated by Guersent.

Glycerine.

M. Mamay has been experimenting with glycerine as a means of preserving organic bodies. He found that beef, mutton, fowls and vegetables, plunged into that fluid could be preserved for months perfectly fresh. The fluid was also injected into the arteries of a foot which had been amputated, and up to the time when the paper was written, (a full month,) it had been entirely prevented from decomposition.

The stand prize of 3,500 francs has been awarded by the Academy to Vidal, for his work of venereal disease.

Reviews and Notices.

Mortality Statistics of the Census of 1850. By J. D. B. DeBow, Superintendent of the United States Census. Washington: A. O. P. Nicholson, Printer. 1855, pp. 303.

This is a valuable public document, (for which we are indebted to the Hon. T. C. Day,) prepared and printed, in compliance with

a resolution passed in the House of Representatives, December 18th, 1854. Almost the entire work is composed of tables, showing "1st. The cause of death. 2d. The age and sex. 3d. The color and condition. 4th. The nativity. 5th. The season of decease. 6th. The duration of illness. 7th. The occupation of the persons reported to have died in the twelve months preceding the first of June of the year 1850, with sundry comparative and illustrative tables."

It is not probable that those tables give, even a close approximation to the number, cause, &c., of all the deaths that occurred in that year; but, incomplete as they must necessarily be, they are full enough to be of incalculable value to the medical profession, in studying the habitudes of diseases and the favorite localities of each class over a vast area of country.

We are rejoiced to observe this exhibition of regard for the interests of the Medical Profession in one branch of our National Government. By giving us such a vast accumulation of facts and figures, they show their belief in the realities of Medical Science—that it is not a fiction full of infinitesimal fancies.

The Action of Medicines in the system; or, "on the mode in which Therapeutic Agents introduced into the Stomach produce their peculiar effect on the Animal Economy." Being a prize Essay to which the Medical Society of London awarded the Fothergillian Gold Medal for 1852. By FREDERICK WILLIAM HEADLAND, M. B., B. A., F. L. S., M. R. C. S., etc. Second American from the Second Enlarged and Revised Edition. Philadelphia: Lindsay & Blackiston. 1856.

We are pleased to receive a new edition of this excellent work. The *modus operandi* of medicines, has been a theme for much useless discussion among medical writers, and we find authors of the highest respectability arrayed on the opposite extremes of the lines drawn by theorists on this interesting question. Mr. Headland does not appear as a thorough solidist, or fluidist, but is willing to acknowledge the *true* in both doctrines. He presents the subject in an interesting and learned manner, which cannot fail to instruct the reader. For sale by Moore, Wilstach, Keys & Co.

Ranking's Half Yearly Abstract of Medical Sciences, has been received. It gives a practical and analytical digest of the contents of the principal, British, American and Continental Medical works, published during the six months preceding December, 1855. This is a most valuable journal, published by Lindsay and Blackiston, of Philadelphia, at two dollars per year; and free of postage, when paid for in advance.

The British and Foreign Medico-Chirurgical Review. Republished in New York by Samuel S. & Wm. Wood.

Our readers are too well acquainted with the high character of this Quarterly Journal, to ask for an endorsement from us. The January number is now on our table. Published quarterly, at $3 per annum.

Editorial.

TO OUR CONTRIBUTORS AND CORRESPONDENTS.

We have a number of contributions in our drawer, for which we desire to express our thanks, as well as for the liberal assistance given to our journal during the past and present year, by our distant friends. The following articles have been received, and will find a place on our pages in due time: "A word with the Doctors," "The Opthalmascope and its use," "Treatment of Rheumatism," "On Periodicity, Intermittency and Remittency of Disease," "Case of Chronic, Internal Hydrocephalus, treated by Paracentecis," "Favus successfully treated by Phytolacca Radix," "Case of Traumatic Emphysema," "Case of Carcinoma of the Stomach, with unusual abstinence from food."

MEDICAL COLLEGES.

The season of commencements has passed, and the success in a number of the medical institutions in the United States, has been

reported. In the aggregate, it will be found that the "Recruiting officers" have made quite a respectable addition to the ranks of the profession this year; though, if we divide this total amount by the number of schools, or by the number of professors engaged in the service, the result will be found to be neither flattering to our ambition, nor profitable as a pecuniary enterprise. By taking a glance at the number of diplomas granted by the institutions respectively, as reported below, it will be observed that some are looking up, with a slow, steady progress in that direction; others are advancing on a dead level; while another class has a decided tendency downward.

The Rush Medical College graduated 41; The Medical College of Ohio, 20; Medical College of the State of South Carolina, 85; Philadelphia College of Medicine, 19; Dartmouth College, 15; Miami Medical College, 18; Cleveland Medical College, 38; Massachusetts Medical College, 28; Sterling Medical College, 20; University of Nashville, 85; University of Missouri, 28; St. Louis Medical College, 50; University of Buffalo, "*several*"; Ohio College of Dental Surgery, 10; Baltimore College of Dental Surgery, 17. Many not yet heard from.

RESIDENT PHYSICIANS TO THE COMMERCIAL HOSPITAL.

In accordance with an established custom, the faculty of the Medical College of Ohio, selected from the graduating class of that institution three gentlemen to act in the capacity of Resident Physicians to the Commercial Hospital during the present year.

The advantage, to a young man about entering his professional life, of spending a year in the wards of this Hospital, cannot be too highly estimated. The number of cases that are brought under his care, both medical and surgical, gives him in one year more practical knowlege, and qualifies him better for the great duties of his profession, than many years of experience in private practice.

An animated spirit of emulation is manifested in the graduating class, at the close of each successive college session, by the candidates, as it is understood that *personal merit*, and not family influence, or favoritism, gains the position. The candidates for the Hospital undergo a special examination, which is altogether more

searching than the examination for the degree of M. D.; so the mere announcement that a gentleman has received the appointment is sufficiently complimentary of his talents, acquirements, and moral worth; for all those points are considered, while balloting for a candidate for a degree in the Medical College of Ohio, but more especially when balloting for candidates for the Hospital.

R. D. Hobday, of Kentucky, E. C. Sharp, and W. S. Moore, of Ohio, were the three successful candidates this year, and are now attending to the duties incident to the position.

They are to receive their boarding and washing free of charge, and one hundred dollars each for the year. This may be considered a small compensation for the service rendered, but it is sufficient to enable young men of limited means to hold the place as well as the wealthy.

REDUCTION OF A DISLOCATED FEMUR BY REID'S METHOD.

Professor Blackman has succeeded in reducing a femur that had been dislocated 6 months (24 weeks) by manipulating after the plan of Reid. The head of the femur was thrown on the dorsum of the ilium, causing a shortening of the limb about two inches. The manipulation was performed while the patient was under the influence of chloroform, but the doctor thinks the effect of the chloroform was subsiding, and the muscles were beginning to act a moment before the head of the bone slipped into its socket.

We are not aware of any case in which the reduction of a dislocated femur of so long standing has been effected by manipulation.

The operation was performed at the Commercial Hospital March 3d, and the patient has suffered no unpleasant effects whatever.

THE TRANSACTIONS OF THE OHIO STATE MEDICAL SOCIETY, AT ITS TENTH ANNUAL MEETING, has been furnished us by the Secretary, W. W. Dawson, M. D., of this city. Those who desire copies can procure them by application to him. There are several interesting papers published in this pamphlet, but it was received too late for a review in the present number of the *Lancet*. In May we hope to give it a more extended notice.

Miscellaneous.

Marshall Hall.—The Academy of Sciences proceeded, at its *seance* of the 3d of December, to nominate a Corresponding Member to the section of Medicine and Surgery. At a preliminary meeting, Marshall Hall had been placed first in the list of candidates; Rokitansky, second; Professor Christison, of Edinburgh, third; M. Riberi of Turin, fourth; and Chelius, of Heidelberg, fifth. Of 41 votes, Marshall Hall secured 39, and was declared duly elected to the seat vacant in consequence of the death of Fodera.—*Gaz. Médicale*, Dec. 8, and *Gaz. Hebdomadaire*, Dec. 7.

Dr. Ernest Cloquet.—We read in a letter from Teheran, dated November 1, and published in the *Moniteur*, that this gentleman, physician to the Shah of Persia since 1846, has just died, after severe suffering, the victim of a deplorable accident. He drank a large quantity of tincture of cantharides, which he had mistaken for brandy. M. Cloquet had been solicited by the late King Mehmet Shah from the French Government, who left the choice in the hands of the Academy of Medicine. M. Cloquet received a considerable salary, about £1,400. He had married an Armenian lady in July last. His remains had been temporarily placed in the church of Vanek, a little Armenian village in the neighborhood of Teheran.—*Gaz. Hebdom*, Dec. 14.

Mr. Fergusson.—This distinguished surgeon of London has been appointed Surgeon to the Queen. "Her Majesty" could not have made a better selection.

Case of United Living Children (*Russian.*)—On the 4th of April, 1855, one of the rarest cases of double formations occurred in the St. Petersburg Foundling Hospital, viz.: two girls growing together by the skulls, which still live, and so far appear to be in good health. Of all the cases of this kind hitherto known (of which there are seven,) the union of the two individuals was never of that kind to bring the face of one child directly opposite to the face of the other. These twins are so united that if the middle line of the face of one child be prolonged from the nose, this would strike upon the ear of the other. Through the mobility of the necks, the two children really lie in a straight line, one girl lying on the back, the other on the side, and thus they sleep. The face of one child is quite symmetrical as far as the forehead, and it is first in the formation of the skull that want of symmetry appears. In the face of the other, the right half is much shortened, and the eye of this side opens less than the other. The two children possess a perfectly independent existence from each other as relates to the sleeping, waking, want of food, &c. The one sleeps quietly, whilst the other takes nourishment or looks about. Common sensibility does not appear to exist, since in cases of this kind the brains and nerves of each individual are preserved distinct.

Not so always with the blood-vessels. Once, one child screaming loud, awoke its sister. The face of the screaming child became suffused and reddened deeply, whilst the other was still asleep. Then the face of the other began to redden and swell, and it was only after this that it opened its eyes. The features of the two children, especially of the one whose face is not shortened, are very pleasing. The physicians of the Foundling promise to observe this case more fully, and publish the results.—*Monatsschr. fur Geb. July*, 1855.

Obstinate Eruptions after Vaccination.—On the 2d February, Dr. Abelin exhibited, to the Stockholm Medical Society, a child, æt. two years, in whom, after vaccinnation last autumn, there had occurred a most obstinate eruption, which had resisted all the appliances of medical science. This commenced in the form of papulae, which gradually became filled with pus these left behind reddish blue spots, which remained for a long while, and were at first intolerably itchy. The medical treatments which had been adopted were, various kinds of baths, sulphuret of antimony, cod-liver oil externally and internally, iodide of potassium, and emollient applications. The child, which was plump and healthy when the eruption commenced, had become emaciated. Dr. Abelin requested the opinion of the members of the society as to the nature and treatment of this eruption, and as to its relation to vaccination.

Dr. Malmsten remarked, that the chronic eruptions, which were so common after vaccination (which was often blamed for them) depended less on the character of the vaccine virus than on the individual constitutional conditions of the persons vaccinated. He did not consider these eruptions as of a syphilitic nature, but thought they resembled ecthyma, not *ecthyma lucidum*, as imagined by Dr. M. Retzius, but ecthyma as it occurs in dark, hemorrhagic and very cachetic individuals. As regarded the treatment of the affection, he thought that it should first be ascertained whether the itchiness depended upon the presence of acari. If these were absent, he recommended the use of baths, of decoction of chamomile, and the administration of quinine with rhubarb. By means of these he had recently treated a case of infantile pemphigus (which was a rare affection in children), with complete success.

Dr. Carlsson also considered that such cases was neither syphilitic nor the results of vaccination. He had always treated them by baths, regulated diet, aethiops antimonialis, and, in some cases, by the use of Hydrargyrum cum Creta.

Dr. Gravenhorst had treated a similar eruption, occurring after vaccination, by means of mercury and rhubarb, and frequent baths.

Dr. Abelin finally expressed his conviction of the absence of the *acari scabiei* in his case; for not only had the eruption occured simultaneously over the whole body, but he had been unable to detect any of these parasites on examination.—*Journal fur Kinderkrankheiten.* May and June, 1855.

Pathology of Diabetes.—M. Andral stated at the meeting of the Academy of Sciences (Paris) in July last, that in five cases of diabetes which he had examined after death, since the publication of the researches of M. Bernard, he had uniformly met with one alteration. He had found in each instance all the anatomical characters of a very intense hyperæmia, and different in its aspect from ordinary hyperæmia of that organ. The tissue of the liver of the diabetic patient, is everywhere gorged with a large quantity of blood. M. Andral regards this as being at the same time a change peculiar to diabetes, and a proof of the sugar-forming function of the liver.

Remarkable Case of Incontinence of Urine.—M. Laurence was called to see an old man, in much distress on account of a nocturnal incontinence of urine, which had continued for six weeks. On awaking, he had found himself thoroughly wetted by this involuntary flow. This, it is stated, had caused him to have very severe rheumatic pains over the whole side upon which he was in the habit of lying; usually, he had had no difficulty in urinating, but lately there had been some trouble. The urine was cloudy with red sediment. No enlargement of the prostate gland could be detected on examination by the rectum.

The cause of this enuresis not being very clear, M. Laurence prescribed the following mixture, with the idea that it might be occasioned by want of contractility of the muscular fibres of the vesical neck: Tincture of the sesqui-chloride of iron, two drachms; balsam capaiva, one drachm; strychnine, one grain; infusion of cassia, twelve ounces. The physician was surprised to hear that after only two doses of the above preparation, taken on the same day, the incontinence wholly disappeared.—*Gazette des Hospitaux, Oct., 1856.*

New Use of Gutta Percha.—M. Manoury, of Chartres, has announced some new preparations of gutta-percha which promise valuable practical results, consisting of the intimate mixture of different forms of caustic with that article, such as chloride of zinc, potassa, arsenic, &c., &c., of which there are three kinds. 1. Firm caustic plates, which are tenacious, and unchanged by the tissues, and which can be cut into any shape that may be desired. 2. Cylinders which can be carried in a porte-caustique, and which can take the place of sticks of nitrate of silver. 3. Threads for the purpose of removing certain tumors by strangulation and cauterization at the same time. He also combines gutta-percha with metallic powders, such as those of iron, copper, red sulphuret of mercury, iodide of lead, &c. Thin plates of this preparation are softened by boiling water or by gentle heat, and applied upon ulcerated surfaces, hospital gangrene, &c. Cancerous tumors have been successfully removed by the threads of gutta-percha and chloride of zinc.

WESTERN LANCET.

EDITED BY T. WOOD, M. D.,

Professor of Anatomy in the Medical College of Ohio, and one of the Surgeons of the Commercial Hospital.

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Original Lectures, Essays and Communications.

The Ophthalmoscope and its use. By W. KRAUSE, M. D. of Cincinnati.

Dr. E. Yæger of Vienna, whom I propose to follow in this article, calls the Ophthalmoscope one of the most beautiful and most interesting inventions of modern times. It discloses before death the noblest organ of man in its most important parts to the careful observer. Both physiological and pathological processes, the nature of which could not be proved heretofore but on the dead body, may now be observed directly within the sacred workshop of nature. What interesting and valuable results may justly be expected from this method of examination, no one will deny, who did not mind the pains of learning again to see.

An amaurotical eye, the media of which are transparent, while the pupil is dilated at its maximum, and which the patient is able quietly to fix in a certain direction, is suited the best for the first trial.

After the pupil has been dilated by Atropine, the observer sits down just opposite to the patient and nearest possible to him in a darkened room, the legs of the patient being taken between those of the physician, so that the eyes of the former are brought at a level with those of the latter.

A lamp with a strong light, which is not shaded but by a cylinder of common glass, or in case of necessity a quietly burning candle-light is placed to the side of the suspected eye

at a distance of 4 to 6 inches from and at a level with it upon a table, and moved so far backwards from the patient, until his eye appears shadowed.

I prefer giving a description of the simple concave eye-mirror, as first made use of by A. V. Græfe, and stealthily published by one of his students. Instruments of this kind can be had well manufactured according to a communication from Dr. Williams, at Hall's, Fourth street, of this city. They recommend themselves by their simplicity, usefulness and cheapness.

The ophthalmoscope mentioned consists of a slightly concave mirror-glass, fitted into a circular frame of brass, and provided in its centre with a round opening of about 3 lines in diameter. A wooden handle is fastened to it.

The mirror being held in a vertical direction close before the eye of the observer, its reflecting plane facing the patient, the eye of the latter is readily seen through the opening in the centre of the mirror. Now, when the instrument is turned a little to either side, the rays of light, reflected by the mirror, are brought to a focus upon the eye so as equally to illuminate its pupil in the midst of the bright circle, which is seen on the patient's eye.

The pupil, then, appears at once of a bright red or yellowish-white color, according as a portion of the retina or the papilla of the optic nerve lies opposite to it. In making this examination for the first time, especially the rays of light, reflected by the cornea of the patient, and appearing as a bright star-like reflection, are annoying to the observer. They can, however, easily be removed from the centre of the pupil to the side of the cornea by small lateral movements of the ophthalmoscope, or by a slight change in the position of the observer towards the patient.

This mode of examination is generally sufficient distinctly to see the cornea, the aqueous humor, the pupil, the lens and anterior portion of the vitreous humor, and to form an

opinion about the morbid changes, that have taken place in these tissues.

Facets of the cornea, exsudations either crude or organized in this same membrane, Entozoa in it, precipitates upon its posterior surface from the aqueous humor, turbidness of this latter, synechia of the iris with the anterior wall of the capsule of the lens, opacities of the capsule, i. e. exsudations and deposits upon it, the different forms of cataract, the width and breadth of the lens, its situation, transparency and consistency can in most cases be ascertained beyond doubt, even where inspection with the naked eye either evinced no pathological alterations whatever, or did not permit to form an exact judgment of their nature and situation. The only maladies detected in the vitreous humor by means of the ophthalmoscope are its softening, extravasation of blood into it from the ciliare corpus, the choroid membrane or the retinal vessels, exsudations from that same source and other opacities and finally cysticerci.

In order to examine the retina in most cases a convex lens is required, which be held between two fingers of the other hand before the patient's eye as near to it, as can be done without molestation. The light being concentrated again upon the pupil, and the reflex of the cornea being avoided, as described above, one or several large blood-vessels are readily seen by approximating to or removing from the eye of the patient the ophthalmoscope to some greater distance. The distance, at which the vessels of the retina appear with remarkable distinctness, usually varies from 8 to 10 inches. They seem to pass the field of vision in the form of dark-colored lines, and to move in accordance with the movements of the head or the ophthalmoscope. They can, therefore, easily be traced to their starting-point by turning the convex lens a little to either side, or by changing correspondingly the place of the lamp or the reflecting plane of the mirror. Thus the entrance of the optic nerve is brought without much difficulty into view.

It may easily be found also by paying particular attention to the color of the pupil. The position of the observer towards it is to be changed, until it appears no longer of a reddish, but of a yellowish-white color. Then, the eye of the observer being adapted to a distance, the very nice picture of the red blood-vessels rises from the light colored papilla of the optic nerve. It will often prove advantageous to let the patient look with his right eye towards the left ear of the physician, or towards the right ear, if the left eye is being examined. The artificial dilatation of the pupil not being allowed by the patient, or it being contraindicated by circumstances, the patient must be told, to keep his eye accommodated to a very distant point, in order to have the pupil dilated by natural powers to its widest possible extent.

Should the bloodvessels be visible without appearing sufficiently distinct, the ophthalmoscope must be brought nearer or removed a little from the eye under observation. Care, however, be taken to do this not too fast, that the same province of the retina may be kept in sight. If this trial even prove a failure, it remains only to change *ceteris paribus* the convex lens with a concave one of such a focal distance as affords a clear and distinct view. The contours of the arteries, for example, ought to be seen precisely double.

It depends on the form and powers of accommodation of both eyes that of the observer as well as of the person under observation, whether the use of a convex or concave lens is attended by better success. In some rare instances the vessels of the retina are rendered visible even by the mirror alone.

A tyro in ophthalmoscopy, if failing in getting a bright view by one lens, will better not pass at once to another very different one. Every glass ought to be fairly tried in every direction of the field of vision, before it is laid aside as unsuitable for the case at hand. It applies to every act of the ophthalmoscopical examination, not to be hasty, but carefully

to advance in the examination step by step, and closely to pursue the results gained. However easily the several parts of the eye are surveyed often by one glance, and however unmistakably their morbid changes can be ascertained by one being skilled in the use of this instrument, yet extreme difficulties are generally met by a novice in such an examination and he often hardly succeeds to get but the outlines of a figure. For it must perseveringly be looked for, and can be seen only by the adept. After the first right step, however, is taken, labor and time spent in the first trials are highly rewarded by the results rapidly and unexpectedly earned.

After some portion of the retina is found to appear distinctly, care must again be taken, not to change the distance of the ophthalmoscope from the observed eye. If bloodvessels are to be traced along their course, or if any other part of the retina is to be examined, it is more expedient to move the instrument and one's own eye to that side, serving the purpose, i. e. in the direction opposite to the object wished for, than to have the observed eye change its position. For the retina, first got sight of, might at once be lost again by the latter movement, or the part under observation might disappear so fast, that it is impossible to form a correct idea of all parts of the retina together. It may be looked upon as a general rule, to keep the patient as quiet as possible, and at the same distance from the lamp during the whole examination. It proves better also, to let the patient open his eye of his own accord, than to irritate it by separating the eyelids from each other by means of the finger. For the copious secretion of tears following the irritation, renders both eye and patient unsteady.

If the other eye is to be examined, the light must be put forward so much towards the observer, that the shadow just passes before the eye of the patient. It will do as well to put the light on the other side, which is to be examined, according to the directions given above, or to change seats with the patient.

The size of the image attained by the ophthalmoscope varies from 2 to 24 times of the natural size of the objects. In cases, where magnifying of the highest degree is made use of, little more can be seen at once through a dilated pupil, than the papilla of the optic nerve. On the other side, however, the several parts of the retina appear so distinct, and their boundary lines so precise, that pathological changes, which unmagnified or little magnified might escape our notice, are correctly ascertained.

In using a concave eye-mirror, the focal distance of which is 4 inches, and a strong convex lens (No. 2 to 4) the observer sees a nice reverse image, magnified from two to four times. The several provinces of the retina are best brought into the field of vision, not by changing the direction of the mirror or the patient's eye, but by turning the convex glass around its vertical axis to the side, opposite to which the part of the retina to be examined, is really situated.

Wherever a concave glass is resorted to, no reverse, but a true erect image is obtained, magnified 2 to 12 times according to the strength of the lens, which is used, and according to the distance of the mirror from the eye.

The use of a concave glass affords besides the opportunity of detecting easier the image of the retina, also the advantage of a less distance of the object of examination from the eye of the observer. For, an approximation being allowed up to 2 inches, the several parts of the retina are easier distintinguished, and with more certainty, than at a distance of 8 to 10 inches.

Besides the concave eye-mirror the plane mirror of Helmholtz, the original inventor of the ophthalmoscope, may often be used with advantage. If but the anterior hemisphere of an eye is to be examined, the plane glass is quite sufficient. Should magnifying of the object be desirable, the convex lens (No. 12 to 6) must be fastened to the back side of this instrument.

Although the use of concave mirrors affords great advantages, and is in most cases preferable to the use of plane glasses, nevertheless the latter can not be dispensed with, in instances, where the pupils are not dilated either for want of time, or in fear of the presbyopia and sensitiveness of vision attending the dilatation, or for some other reasons. The concave mirror would produce in such instances by the very intense light, reflected by it, too strong a contraction of the pupil, preventing a distinct perception of the media of the eye. Further, it ought to be borne in mind, that the stronger light, reflected by a concave mirror, might bring about unpleasant symptoms in anxious, nervous subjects, suffering from an inflammatory disease of their eyes. It is, however, proper to say, that really dangerous effects have never been observed yet. Still, uneasy sensations, pain in the forehead and eyes, and even nausea, could be ascribed in some cases only to the use of the concave mirror, while the plane one was never seen to produce any unpleasant symptom.

The morbid changes observed in the back part of the eye are of great variety. It will suffice to have mentioned inflammatory processes and their consequences, tubercular and cancerous tumors, extravasation of blood between the choroid membrane and the retina or upon the retina, separation of the latter, pigmentation, atrophy of the choroid membrane, the optic nerve and the retina, hyperæmia, distension and obliteration of the retinal vessels; cysticerci upon the retina (5 cases reported by Græfe) and so forth. Yet it is still very difficult, to explain all the phenomena observed, nor do we always succeed to account for those derangements of vision, commonly called Amblyopia and Amaurosis, in a rational manner. There are instances, to which still that old saying of Beer applies: Amaurosis is a disease, in which the patient sees nothing and—the physician sees nothing. I feel myself obliged to make these confessions, in order to protect myself against the reproach of overrating the advantages offered by

the ophthalmoscope. On the other side, however, it is an incontestible fact, that a new period of ophthalmalogy dates from the invention of this instrument, and what extraordinary things may be accomplished by it, nobody will be inclined to doubt, who has seen made out the most exact diagnoses by means of it, which were confirmed for instance, in cases of cataract by the operation, or occasionally by a post-mortem examination, or which were so clear as to need no confirmation whatever. I must repeat, however, that the use of the ophthalmoscope requires perhaps no less skill, patience and perseverance, than that of the microscope. A correct appreciation of the situation and character of the pathological alterations observed within the eyeball, can be gained only by practice.

Opacities in the transparent membranes and media of the eye in general appear on the yellowish or red background of the eye as greyish or dark-colored, pellucid or untransparent, delicate or compact specks. Other colors are but exceptionally seen.

Facets, loss of substance, opacities and other changes in the cornea set off more or less distinctly from the light-colored pupil. Although their peculiar refraction of the rays of light renders them most frequently discernible at day-light, yet in some instances they can be distinguished from opacities in the system of the lens only by their situation before the pupil, and by the movements they seem to perform, when the eye is turned a little. Suppose, there is a small opacity of the cornea in its centre, or nearly opposite to the margin of the dilated pupil on the one eye, on the other eye an opacity in the posterior cortical layers of the lens, or on the posterior wall of its capsule, then, both eyes being turned inwards or looked at from the side, the opacity of the cornea will appear to move from the centre of the bright pupil towards the internal margin of the pupil and will finally disappear on the iris, while the opacity of the lens seems to move in a direction opposite to that, in which the eye was turned. It ap-

proaches the external margin of the pupil, so as to prevent a wider passage to the rays of light between the opacity and the internal margin of the pupil. Other opacities, which previously were concealed by the anterior opacity, may thus become visible.

Opacities of the apparatus of the lens are known from those of the vitreous humor by their form as well as by the sort of glasses required to see them distinctly, finally also, with some practice by the sensation of a change in the powers of adaptation in the observer's own eye, such a change being necessary to perceive successively objects lying one behind the other.

Opacities of the lens are readily seen by the concave or plane mirror alone. Yet they usually appear more distinct and always magnified, when seen through a convex glass. An equally diffuse opacity of the lens, which prevents the rays of light from entering the interior of the eye, makes the pupil appear quite dark, if looked at in front of it. These opacities can be ascertained, however, as appertaining to the lens, by looking from the side through between the lens and the iris. In this way the observer is able to perceive the light reflected from a healthy retina in the shape of a bright shine, skirting the whole opaque lens.

Opacities in the vitreous humor either appear movable or immovable in the most different form and size, with precise or indistinct boundary lines. The so called *mouches volantes* seem not to depend on such opacities. Small and short or longish flocky shreds and filaments look very nice, when they are made to float about on the light-colored background of the retina like animalcules in the most varying directions by a light movement of the eyeball or the lids. Sometimes cloudy opacities, composed of very small dust-like particles rapidly dissolve like a mist, so as to leave the pupil throughout bright. But suddenly they reappear, uniting again their particles. Crystals of Cholesterine suspended in the vitreous humor, present an astonishing aspect. The deep part of the eye

being left unilluminated in such cases, it often resembles a sky spangled with innumerous stars, which either remain at the same place, or like other opacities in the vitreous humor, move in different directions.

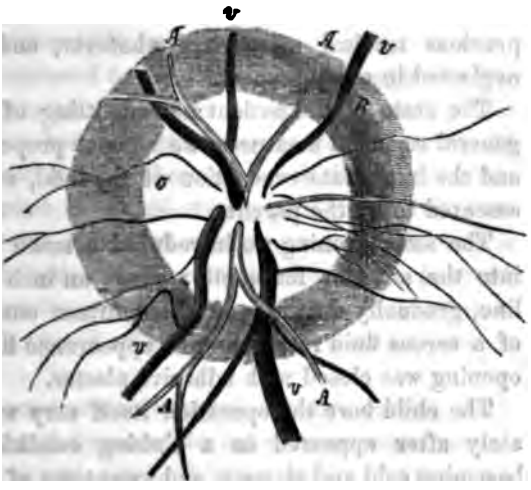
The retina appears of a reddish color more or less bright. It always deepens towards its periphery. On the internal side of the optical centre of the retina, the entrance of the optic nerve is accurately seen as a bright white, greyish, bluish or greenish colored speck of round or oval form. The bloodvessels emerging from nearly its middle, spread into branches upwards and downwards. Those small vessels, which are seen to take their course to the sides, originate also from the retinal vessels, but within the optic nerve. The ramifications of the bloodvessels can be traced up to their capillaries. These, however, being too minute, escape our notice.

The arterial vessels discriminate themselves from the veins by their smaller calibre, brighter color, straighter course and apparently double contours. These latter, however, are sometimes observed also on the veins, especially under bright illumination on their first branches. Pulsation of the veins is found nearly always; if not, it can be produced by a moderate pressure upon the eyeball. In cases of glaucoma it is one of the most characteristic symptoms. Pulsation of the retinal arteries is but rarely perceptible without artificial pressure on the globe of the eye.

The province of direct vision (macula lutea) is sometimes colored somewhat darker, than the adjacent parts of the retina. The ramifications of the bloodvessels is so fine and equal in this region, that it is very difficult to discern any single branch.

The vessels of the choroid membrane not unfrequently shine through the retina in the form of light-colored stripes. In cases of atrophy of the choroid membrane they are seen more distinctly as dark lines on the light background of the scolerotic.

As it is always easier to find objects and to distinguish them, when knowing, what are to be seen or can be seen, I superadd the likeness of a normal retina, as it appears magnified through the ophthalmoscope. It is copied from a fine plate drawn by Donders of Utrecht.



Case of Chronic Internal Hydrocephalus treated by Paracentesis. By G. A. KUNKLER, M. D., of Madison, Ind.

On the 20th July, 1854, we were called to attend the child of Mr. S.—— aged seven months; which was affected with hydrocephalus. The child we were informed had been healthy the first three months of its life, by that time, however, the head was perceived to increase in size, it became stupid, the bowels became constipated: which state occasionally changed for a diarrhœa with green discharges. It commenced to emaciate and became subject to convulsive attacks, &c., in fact all the usual symptoms of chronic hydrocephalus.

The patient had for the past two days been lying in a partially comatose state, which was only interrupted by occasional convulsions. The head was enormously distended, measuring from the os frontis to os occipitis above the ears over eighteen inches.

The anterior fontanelle measured about two and three-fourths of an inch in each direction. The child had no previous medical attendance whatever, and was evidently neglected in every respect.

The state of the patient not admitting of the trial of the general remedial measures, we at once proposed paracentesis and the immediate evacuation of the fluid, which was readily assented to by the parents.

The same evening we introduced a small hydrocele trocar into the anterior fontanelle; about an inch from the mesial line, gradually drawing off about fifteen ounces by measure, of a serous fluid resembling in appearance lime water. The opening was closed with adhesive plaster.

The child bore the operation itself very well, but immediately after appeared in a sinking condition, the surface becoming cold and clammy, and symptoms of trismus showing themselves. It was directly placed in a warm bath, and three grains of carbonate of ammonia administered, in about an hour it rallied and appeared quite comfortable. Long strips of adhesive plaster were placed over the head in various directions, to approximate the bones which were open at all the sutures, and a firm bandage placed over the whole. The child shortly after went to sleep, and during the night took the breast twice.

July 21. The child is restless and fretful, the head is hot, and appears painful, the child crying whenever it is touched or not carefully supported. Ordered applications of cold water to the head, and one grain of calomel with one-tenth of a grain of digitalis to be taken every three hours.

July 22. Patient somewhat better, bowels acting freely, skin moist and warm. There has been considerable discharge from the head; continue the calomel and digitalis powders.

July 23. Is doing well, takes the breast with much relish, appears more lively, paying attention to what is going on around it. Removed the plaster strips and bandage. The head is greatly diminished in size, the skin above the sutures lying in perfect wrinkles.

—— Reapplied the strips and bandage. Ord. ℞. spts. nitr dulc.—Tinct. Scilla aa ʒii Tinct. digitalis ʒiii m. Sig. five drops three times daily.

The patient continued to do well for about four weeks, the head being compressed every four to six days during that time. Soon after however symptoms of a return of the disease commenced to show themselves, which in spite of the promptest treatment continued its inroads, that on the 28th of Sept. tapping was again resorted to, and a fraction over seven ounces of fluid was evacuated. The child bore the operation well, but the subsequent symptoms were substantially the same as after the first operation, the same treatment being employed.

The child commenced to improve rapidly, gaining flesh, becoming lively, and appeared to have its perceptions and memory well developed, the head becoming greatly diminished in size.

The patient was dismissed and we saw no more of it, until the following January, five months later, when on being called in to see the child, we found it in very near the same condition it was in when we were called in the first time. For the third time we proceeded to tap the head evacuating eleven ounces of fluid. The patient however never rallied, and died a course of the following five days; a fraction over thirty-three ounces having been taken away in the three operations.

A case of Carcinoma of the Stomach, with unusual abstinence from food. By O. C. Gibbs, M. D., Perry, Ohio.

In the summer of 1852, I was called to see Mrs. Cram, aged 64 years. For several years her health had been quite poor; yet, in this time, had sought no medical advice. For several months she had vomited frequently, seemingly retaining nothing upon the stomach. Vomiting invariably took place a short time after eating. There was considerable pain

felt in the region of the stomach, and an examination revealed a more or less tumified condition, apparently of that organ. In view of all the circumstances of the case, the disease was considered to be one of a cancerous nature. Bearing Wm. Hunter's case in mind, I restricted the diet to the lowest possible amount, consistent with the maintenance of life, and that of the mildest and most easily digestable quality. It is needless to repeat the course of medication pursued; suffice it to say that Hyosciamus, Conium, Balladona, Hydrocyanic acid, Opium, &c., were in turn made use of, but to no beneficial results. The case grew worse, and the vomitings steadily increased in frequency, though diminished in amount.

The urinary organs became affected; the urine sanguinous with subsequent retention. I regret that that fluid was not chemically examined; it was highly colored with blood, and had the appearance of containing puss. The catheter was required for the evacuation of the urine, during several of the last weeks of life. With the food reduced to the minimum quantity, and vomiting still continuing with increased frequency, it was evident nothing was retained upon the stomach, available to any considerable extent for the purposes of nutrition. All food by the mouth was now suspended; a teaspoonful of water, every half hour, only being given. Nutritious injections were ordered and persevered in, for a few days; but, as the patient strenuously objected to the prolongation of life and suffering by such means, and the friends concuring in the patients wish to abandon the enemata, their wishes was complied with. All medicines were discontinued; the teaspoonful of cold water every half hour, being the only thing administered. Since nothing was given excepting regular doses of water, the vomiting became less frequent, apparently, from the want of something for the stomach to act upon; however, this symptom persisted, at somewhat regular intervals, of from four to six hours. She continued thus for *ninetsen days* after all nourishment was

suspended, when she died, though to all appearances not by inanition.

A *post-mortem* examination, eighteen hours after death, revealed the stomach the seat of a carcinomatous disease. The parieties of the stomach were much thickened, particularly on its great curvature, and the cavity of that organ was greatly diminished; filled to its utmost capacity, it would hold about three gills. The pyloric orifice was much contracted, but not obliterated as I had expected might be the case. The internal face of the larger curvature, from about an inch from the cardiac orifice, to within two inches of the pylorus, was in a state of ulceration. The peritoneum and omentum, were adhered to the outer surface of the stomach, and thickly studded with carcinomatous depositions. The liver contained several deposits, varying in size from that of a pea to that of an almond, yellowish white in appearance, and of cheesy consistency. The kidneys were apparently healthy, but not so the bladder. The internal surface of this latter organ, was of a bluish color, covered with a purulent secretion, and evidently in a state of ulceration throughout its whole internal surface.

In cutting through the abdominal parieties, to make the examination, the abdominal muscles were found much atrophied, but the adipose texture, was at least an inch in thickness, exuding fat on cutting.

There are two points of interest in this case; first the length of time the patient lived without food, and then dying apparently not from inanition. Nineteen days of total abstinence was borne, after six weeks of disease, in which it would seem as though every thing taken into the stomach was vomited. The second point, to which reference is made, is the abundance of adipose deposit, after such prolonged abstinence. It is said that Napoleon Bonaparte was very fat when he died, though he died of cancer of the stomach. It would be interesting to know whether wasting of the adipose tissue, was, as is supposed, a common symptom in carcinoma of the

stomach. Is there a decided antithesis in this respect, as in some others, between cancer and tubercle? Dr. Simon says, in tubercle "the blood dies still born; it never attains its maturity of growth or function, it stops short of the distributative arteries of the body; it never reaches the aorta; it perishes and decays on the threshhold of the circulation," while in cancer, "there is an obstinate excess of vitality, which will not be quenched."

On Periodicity, Intermittency or Remittency of Disease. No. II.
By ABRM. LIVEZEY, A. M., M. D., Lumberville, Pa.

Having laid down the general principles of, what we hold to be, a sound medical philosophy, in the previous article, which are to guide us in the investigation of diseased action, as it is manifested in the *corpus humanum*, we are prepared to consider the nature and treatment of diseases generally: And I hope to show, *seriatim*, that all diseases have something in common—have each some principle of continuity, which amid all their apparent diversity, establishes a unity of type, as characterized by periodicity and intermittency.

The idiopathic or "essential" fevers being of such frequent occurrence, and so destructive to human life according to the estimates of Sydenham, Van Swieten and Eberle, it becomes a source of interesting inquiry, firstly, to determine accurately their nature and best mode of treatment.

The great error in regard to intermittent fever, or ague, is to attribute it mainly to the effects of miasm—a peculiar exhalation from soils—which pervades, and after a period of incubation, poisons the system; whilst there are in nature a thousand causes instead of one. For every well read medical man (to throw aside his own observations as nought) knows full well, that ague is caused by a passion, by fear, by mechanical, medical and chemical means,—by change of habits, depression of spirits, loss of fortune, bankruptcy, &c., as well as by the fabled miasm.

For if "miasm" be the "cause" only, what becomes of it for hours, or even whole days together, when the patient enjoys his usual health in the intermission?

Or how is it that spider's web, snuff of candle-wicks, a passion or a charm even, destroys its fell potency? But wherefore this intermission, be the cause what it may? Why does the paroxysm recur again and again? These questions can only be answered by admitting (a self-evident truth, by the way) that periodicity is a law of all animal movement in disease as well as in health—like all the immutable laws of nature—there are tidal fluxes and refluxes—alternate attraction and repulsion of every organ and atom of the living body. In nature we have spring time and harvest, summer and winter, heat and cold, day and night,—periodical return of comets, of tides, of the fish of the sea, of the fowls of the air, —all are regulated by fixed, periodical laws. What more can, or need be said?

An error equally great as to the nature of ague is arrived at, in post mortem examinations: Congestion of the internal viscera is found, and hence "congestion, or inflammation or something like it" is considered the nature of ague,—the *end* being taken for the *beginning*. For the internal organs are equally congested in those who die in a passion, or in the shock of fear, or even in a fainting fit caused too by loss of blood!

Hence ague, like fear, faint, or a passion, exerts its force upon the brain and nerves, and to these we should look for *its nature*, and upon no other theory can its cure, whether by quinine or otherwise, be explained.

The truth is this: that ague is curable by anything, agent or circumstance, which acts in a novel manner on every atom of the living brain and nerves, and through these on every organ and atom of the body. Thus the curative effect of any of these agents consists in their producing an order of movement of the atoms of the brain and nerves, of a contrary kind

[illegible] order of movement which prevails in them during the [illegible] of the fever for which it is given.

The application of the *intermission period* to other diseases, [illegible] as numerous as are the diseases recognized by the schools. Let me instance a few examples:—

Mrs. S. had a violent pain in her left side for 30 minutes at a time, which recurred about every two hours. A full inspiration augmented the pain, and she had been treated, under the supposition of an highly irritated or inflamed diaphragm, with cups, blisters, neutral mixture, Dover's powders, &c., without relief. The following given at the subsidence of a paroxysm prevented its return:

℞. Quin. Sulph. gr. x.
Ferri Subcarb. " x.
Zingib. pulv. " v.

Several such attacks has she had subsequently and could find relief only from prescriptions, which contained quinine.

Mr. L. had been afflicted with a violent pain in the right hypochondriac region "by spells" for some days. Under a fanciful supposition that it was a hepatitis, or a spasm of the biliary ducts, cupping, pil. hydrarg., &c., had been resorted to, in vain. A few doses of quin. sulph. and fer. carb. given in the absence of the pain cured him.

Mr. P. complained of great dulness of hearing and ringing through one side of the head, of a very distressing nature, in the afternoon and evening for 14 years.—Had consulted many physicians, and after submitting to the routine of cupping, leeching, blistering, pustulation, &c., with no success, the disease had been pronounced to be *organic* and irremidiable. The following soon cured him:

℞. Acid. hydrocyan. Medicin. gtt. ii–iii.
Tinct. cinchoniæ ʒi. Ter die.

Mrs. M. was troubled "off and on" with some erysipeloid humor, or inflammation of the ear, for years, had *doctored* much and spent much of her "substance," but "grew nothing better," was cured permanently by taking Liq. potass. arsenit.

gtt. vi. ad x. ter die for a short time. Mr. J. was laboring under pneumonia—fever, cough, crepitant rale passing into the mucous, general distress; high fever, thirst, dyspnœa, harassing cough ensued every day about 11 o'clock, which continued till late in the night, when the symptoms relaxed by copious perspiration, &c. Ten grs. quin. sulph. given at 10 o'clock in the morning for three successive mornings dispelled every unpleasant symptom. But why anticipate more? These cases are sufficiently numerous and various to show the profession, under what variety of forms we have intermittent fever; and also by these, are we taught the correct principle of treatment.

But when from any cause, the intermissions, or immunity from suffering are greatly shortened, and instead of extending to a day or days, they are only an hour or two in duration, the disease is then nosologically designated Remittent fever, —a fever greatly modified or influenced by place, season, temperature, habit, &c., and consequently its developments, as to intensity, greatly differing at different times and in various localities. Hence the various names for these several modifications, arising from the incidentals named, as Bilious, Typhoid, Typhus, Yellow, Nervous fever, &c., &c., and yet it must be admitted that these several forms of "essential fevers" (Wood), with all their diversity and aggravation of symptoms, or only modifications and aggravations of the phases of a simple intermittent or remittent fever.

Dr. John Clark, an eminent physician, in "Observations on Fevers, London, 1792," thus writes: "After several years attention to the symptoms and nature of fevers, as they have occurred in different climates, I freely confess that I have not been able to follow authors through their numerous divisions and subdivisions." Again, "I am fully convinced that although many varieties happen according to constitution, season, situation and climate, yet every where fever is essentially the same, or, in other words consists of one GENUS."

From the incidentals above named, remittent fever varies,

and yet as in all the essential fevers, the *common causation* doctrine holds good, whether the fever be nicknamed remittent, typhoid, typhus, yellow fever, adynamic, &c. That such is the fact—that we have as great differences in the forms and attacks of bilious remittent fever, is fully and satisfactorily illustrated by the nature of scarlatina and the different characters which it assumes: For instance, we have the simple, the anginose, the sine exanthematous and malignant forms, side by side, in different visitations, which are very various in attack, form, &c., and yet it is all scarlatina—all from one source, and we do not think of calling it anything else, because it presents these different characters. So with "fevers," all are remittent, all the same thing at last. And the individual predisposition, the location and the intensity of the poisonous cause account for morbid and anatomical differences. And in all forms of fever, sooner or later and more or less complete, comes a *remission period*,—a fact to be kept in mind—a period to be watched for, because all sound, rational treatment must be based upon it.

"At the commencement," says Prof. Wood of Philadelphia, "there may be two or more regular paroxysms as in intermittents, afterwards the paroxysms may recur regularly without the chill or the perspiration." * * * "The duration of the chill varies from a few minutes to an hour or more." * * * "These symptoms (headache, thirst, heat of skin, &c.) continue without abatement usually from six to eighteen hours, after which they begin to relax with the appearance of moisture about the neck and face." Here is the "remission," which continues for "two or three hours" or a "whole day," when another paroxysm of fever takes place," &c. How plain is the indication here! How easily are such attacks of fever arrested *in limine!* How blind are physicians to the importance and value of these remissional periods! Prof. Wood, however, profits not by them, but suffers the disease to continue—the paroxysms to recur again and again—under the administration of calomel, refrigerant dia-

phoretics, antimonials, effervescing draughts, &c., all of which, however, do not prevent the tongue becoming "thickly covered with a yellowish white coat, and often brown and black,"—"tenderness upon pressure in the epigastrium,"—"nausea and vomiting of a yellowish green color," "stools dark colored and offensive," &c. &c.—symptoms and conditions more from the effects of the medicine advised, than from the natural course of the disease.

Now let it be remembered that paroxysm and remission are the characteristics of every development of disease; and if this great fact be overlooked and mis-improved, the treatment is of no good avail, as is evidenced by the fact, that there is a continually increasing prostration and exhaustion; a highly irritated condition of the stomach and intestines; tympanitis and ulceration; subsultus, delirium, typhoid or enteric fever; and not unfrequently death, if not averted by the administration of "turpentine" or "quinine" in the last stages of the disease.

What are the indications, and how should this *fever* be treated? The first and important indication is to procure a decided remission, to be attained by an emetic of ipecac., or if "bilious symptoms" be present, such as yellow-coated tongue, bitter taste, fulness and distress in the epigastric and right hypochondriac regions, then it is better to conjoin calomel thus:

℞. Hydrarg. chlorid. mit. } aa grs. xv.
Pulv. rad. ipecac. }

Misce et divide in pulv. iii.

One to be taken every hour. Or in cases of nausea, &c., jalep may be substituted for ipecac.; the cathartic action of either to be assisted, if the case requires it, by senne and jalep, the compound powder of jalep or senna and salts. Speedy relief of all the prominent symptoms generally follows and the skin becomes relaxed and moist for some time. To augment the latter and to get a full febrifuge effect, spiritus mindereri, sweet spirits of nitre, tincture of aconite (folia) with or without the addition of tartar emetic to either of

these, or infusions of ipecac., or lobelia even, every 15 or 30 minutes, secures a very copious perspiration and great relief to the patient. Now is the time to administer the sulphate of quinine, as recommended by Prof. T. D. Mitchell:

℞. Quin. sulph. gr. x. } Misce et divid. in iv parts æquales.
Pulv. zingib. " v. }

One to be taken in sugared water every half hour.

The appearance of moisture is to be taken as evidence of actual remission. "It was deemed an unwise course," says Prof. Mitchell, in speaking of the treatment of epidemic bilious remittent fever, as it prevailed in many parts of Pennsylvania, during a period extending from 1823 to 1827, "to wait for total absence of heat, or in other words, for an *intermission*, since that is no part of a *remittent*. The moment I saw an evident abatement, there was remission enough to warrant the use of the antiperiodic power of the salt of quinine. My theory and the practice, and the issue, all harmonized here most perfectly, for I never in my whole medical history have witnessed as perfect a triumph of medicine over disease as I saw for weeks and months in this procedure in the treatment of *bilious remittents*." (*Therapeutics*, p. 124 & 125.)

Dr. Jno. Clark in the treatise on fevers, before alluded to, pursued a similar course in the Newcastle fever in 1777: viz. Mild emetic, mild purgative, next induce perspiration and then administer bark. He condemns venesection and says he never lost a patient from the omission. Of 64 patients treated by Dr. C. but two died.

Dr. Hume writes from the coast of Africa, that, "we had to contend with a fierce enemy—bilious remittent fever—as it rages between the tropics. But of 66 cases, we had not a death. This was effected not by bleeding, leeching, cupping, salivating, physicing, drugging,—but by quinine in large doses. This knocks the disease on the head at once, and the patient recovers, not a blanched and wretched remnant of humanity, but in a few days well and useful as ever."

Dr. Brett, physician to the Fever hospital, Liverpool, says

that of "700 cases treated with emetics, laxatives and quinine, the deaths were 1 in 10½; formerly, under the ordinary treatment, 1 in 6."

Dr. Lacombe, writes thus from Port Cabello, Venezuela, "We seldom lose any, whether from intermittent, remittent, or typhoid. A favorable modification is obtained by emetics, (i. e. remission, more or less complete) and then quinine or piperine effects a cure. When bleeding was resorted to, and which was formerly the general practice, the average number of deaths were from 20 to 30 per cent.; now only 2½ to 4."

By the adoption of the treatment above, the paroxysmal repetitions are at once averted, or very greatly subdued in their intensity, and local determinations are prevented; for they are seldom present in the beginning of the fever, (Wood) but only arise from repeated recurrence of the paroxysms.

Treatment of Rheumatism. By EDWIN R. MAXSON, M. D., of Geneva, N. Y.

Having furnished, for the April No. of the *Lancet*, my views of the pathology of rheumatism, I here offer the plan of treatment which I adopted several years since, founded mainly on those views.

And, though a short sketch from me, was published on this subject, in the March No. of the Buffalo Medical Journal of 1853, it was not sufficiently definite to answer my mind, after three years further observation of this disease, and its various complications.

Besides, I only spoke of the treatment of acute rheumatism, without referring to its various complications, or its sub-acute and chronic varieties.

I may here state, however, that the treatment which I then suggested, for acute rheumatism, occurring from atmospheric vicissitudes, has fully answered my expectations, and helped

to confirm me in my views, of the pathology of rheumatism as stated in the April No. of the *Lancet*.

According to my view, the immediate cause of the rheumatic inflammation, in all cases, is congestion, irritation or inflammation at some point in the brain or spinal marrow, or their fibrous envelope; together with the morbid agent or agents, which operate to produce this condition of the cerebro-spinal system; whether it be retained perspirable matter, a miasmatic agent, or any other morbid influence: but that the irritation in the nerves, or neuralgic pains, which according to my observations, is invariably set up by this local cephalic or spinal irritation, is the principal immediate cause of the rheumatic inflammation; and always dictates its location, and very much its character.

I therefore treat all cases of rheumatism on the following principles.

If the rheumatism be acute, and the patient of a strong constitution, I take one or two ounces of blood by cups, from near the spine, at the point supplying nerves to the affected part, for the purpose of removing the local congestion, irritation, or inflammation of the spine or brain, and thereby checking the neuralgic irritation, and consequent rheumatic inflammation which is being developed.

If however, the patient be one of a feeble constitution, dry cups only should be applied at the same point, and for the same purpose; the application being repeated if necessary, in twelve or twenty-four hours.

In many cases, this if applied early, will arrest the disease, if the general cause which has operated to produce it has been slight, and there is considerable hereditary or accidental local cerebral or spinal irritation.

And, in those cases, in which retained perspirable matter, a miasmatic agent, or any other general cause is operating, it will generally check the development or progress of the local disease, while the general morbid condition or agent, is being corrected, removed or counteracted.

The next step then, is to remove or counteract the general morbid agent or influence, and for this purpose, a cathartic of Sulphate of Magnesia will generally do well; but if there is a bilious condition, it should be preceded by two or three Blue pills, or a full dose of calomel, and its operation followed by the sulphate of quinine, and Dover's powders, of each, gr. v. every six hours, to counteract the miasmatic influence, equalize the circulation and promote perspiration.

To aid in promoting perspiration and also the urinary secretion, the nitrate of potash in vi. gr. doses may be given every six hours, alternating with the quinine and Dover's. I generally give it in a teacup of crust coffee, or warm gruel, which serves the patient as food and drink, during the acute inflammatory stage.

The quinine of course should be omitted, except in bilious, typhoid, and very debilitated cases; and in cases not requiring the quinine thirty drops of the wine of colchicum may be given every six hours, with the nitrate of potash.

Having thus subdued the acute stage of the disease, and in most sub-acute and chronic cases, the iodide of potassium in gr. x doses every six hours, in place of the nitrate with the wine of colchicum, gtt. xx will do well, by stimulating the absorbent lymphatic and glandular system, to remove any morbid thickening that may exist.

In all decidedly chronic cases of rheumatism, of a general or local character, after dry cupping, or blistering the spine if indicated, I have generally succeeded with the iodide of potassium, in gr. v doses, three times per day, given in the compound decoction of sarsaparilla.

Geneva, Feb. 27, 1856.

Favus successfully treated by Phytolacca Radix or Poke Root. By H. GATCH CAREY, M. D., Dayton, Ohio.

The *phytolacca decandra, or poke*, is indigenous to almost all parts of North America. Its medicinal qualities have received but little attention. Taken internally, it is an emetic,

tardy in operation; cathartic and slightly narcotic. "In over doses it produces excessive vomiting and purging, attended with great prostration of strength, and sometimes with convulsions. In small doses it is an alterative, and has been recommended in rheumatism. Externally it has proved beneficial in piles, psora, and tiena capitis." (U. S. D.)

I have cured three cases—one severe and obstinate, of sycosis with a decoction of the poke root. The action of the remedy was prompt and highly gratifying. The pathological resemblance which subsists between this disease and favus, induced me to test the virtues of the agent in the latter. The case was one of six months standing, and had been under treatment during that time by a regular, scientific physician. The disease had only been temporarily benefited by the course of medication. The general health of the child—*æt.* eight months, was good. No hereditary elements of disease could be traced. The eruption occupied the parietal protuberances, extending forwards to the middle of the sagital suture, back as far as the centre of the occipital bone, and all the intermediate space. A dense light brown crust covered the above defined region. Characteristic yellow points imbedded in the derma, could be detected along the line of the disease, rendering the diagnosis clear.

I directed thorough ablution with soap and water three times per day, and the crust to be kept constantly saturated with,

℞. Carb. Potass. ʒiv.
Glycerine ℥ij. m.

The head to be covered with an oil silk cap. At the end of the third day, under the use of this treatment, the scale was entirely removed. The scalp was ulcerated in several places, and the remainder which was originally covered by the crust, furnished unmistakable evidence in a multitude of yellow points, of *favus dispersus.* Pruritis was almost intolerable.

The glycerine and potash only had the effect of softening the crust, thereby rendering its removal easy by soap and

water. The exuberant cryptogami were not in the least, repressed by the application. A single night was sufficient to give a coating to the diseased surface.

After removing the hair as far as possible with scissors, I ordered the ablutions to be continued, and the affected parts to be kept constantly moist with a decoction of *poke root.* This was effected by means of cloths saturated in the decoction and applied to the diseased scalp, with the oil silk cap superimposed. The crust ceased to be reproduced immediately upon the application of the wash. In four days the yellow points in the scalp had disappeared, and the ulcerations soon healed under the use of the decoction. In a fortnight after the first use of the poke root, the disease had vanished, and hair in limited quantities now covers the affected parts.

A Word with the Doctors. By WM. A. PEASE, Dentist.

A critical reader must have observed, in several places in a former article, a hiatus in the connection and relation of the sentences to one another. After the article was written, it was found it would occupy more space than could reasonably be asked in the columns of the Lancet; when, in sundry places, paragraphs, embodying important facts in the full development of the subject, were thrown out with little modification of the text, or regard to its due coherence. It is proposed in the present article briefly to state these facts, to examine with some minuteness the nature of the treatment, the success of conservative dentistry, show what value may be attached to it, and how far it may be made to take the place of artificial substitutes; in hopes it will commend itself to the judgement of the physician, and enlist his aid in discountenancing the extraction of the teeth, with or without reference to artificial substitutes.

The burden of the former article went to show, the diseases

of the teeth were better known, they responded more readily to treatment than was generally supposed, and that a large class of teeth, generally devoted to the forceps, could be made to subserve a valuable purpose in mastication, with less pain, subsequent inconvenience, or irritation than generally attends artificial dentures; while they do not work an injury to the other teeth, or occasion a tenderness of the gum. Pain is the principal incentive to the extraction of the teeth. If the community can be satisfied it can be removed, and prevented from returning and occasioning *more trouble*, or irritation than artificial teeth, a valuable stand point will be gained, and a step taken in advance, towards the final overthrow of a class of men, who live by extracting the natural teeth, and inserting artificial substitutes for deluded women and unreflecting men; whom they lead to believe, the sets, once inserted, will be useful in mastication, comfortable, painless and permanent.

In that paper a series of facts was reported, tending to show the death, or destruction of the nerve did not make the tooth a foreign substance, or irritant in the true acceptation of that term; that being established the tooth could be made, if not permanent, at least valuable for an indefinite period. A class of facts will now be adduced, more within the cognizance and observation of the physician, to show the nerve is not indispensable to the health and permanence of the tooth. I have replaced several teeth for citizens of Dayton that were knocked out by accidents; some of them now, after several years, I am able to trace, and find them healthy, useful and occasioning no inconvenience. I have seen several instances where like accidents were reported to have occurred, where, the gum was healthy, and the teeth undistinguishable from the uninjured teeth by any signs of disease, save a little darker color.

Mr. W. connected with the railways has a cusp, distinguishable from his other beautiful, white teeth, by a dark dead color; he informs me it was injured many years since, I

think, when a lad, but that it gives him no trouble. Be it remembered in these and numerous like cases, the nerve is not only dead, but it has never been removed from the cavity, unless by absorption. People are idiosyncratic; many systems will not tolerate the presence of a dead nerve; as in these cases without audible complaint; yet, it is believed the cases are extremely rare, where the fang alone will cause any irritation.

About four years since Mrs. E. R— called to have the nerve destroyed in the second left, inferior bicuspid, posterior side. The tooth was aching violently—the usual application was made—she was directed to return the next day. At the end of a week she made her appearance, said the pain ceased soon after the application, she deemed it unnecessary to return; but the evening previous the tooth commenced aching, it was then very painful to the touch, much longer than the others, she could not close her jaws, she wished me to be sure and destroy the nerve this time, or else extract the tooth; she had no great faith in my ability to kill the nerve anyhow. As the case was now complicated, and I had *no faith* in my ability to *control her*, and make her return from time to time, till the inflammation was subdued; (having had some experience with her before); I extracted the tooth.

Part of the preparation was still retained in the cavity by the cap, the fang had brought away many adherent shreds of highly inflamed periosteum, though ulceration had not as yet, commenced. After washing the tooth the whole fang was observed to be of a dark-red color, the nerve was not entirely exposed, being covered by a thin portion of softened dentine, through which, the medicine had been absorbed.

On splitting the fang the whole substance of the cementum was found to be of a red color, while the nerve had changed from the normal white, to a very dark red, in other words, it was at the point of putrefaction. Here was a good specimen of the permeation, perhaps of the inosculation of the nerve vessels through the fang, made apparent by the peculiar

action of a slow and continued absorption of an escharotic. It may be proper to remark, that two years previous to this, I had destroyed the nerves in her central incisor teeth, superior maxilla, and plugged them—within a few days I have had occasion to destroy another nerve for her, when I examined these central incisor teeth, plugged over six years since. As then it was not deemed necessary to remove as much of the nerve as now, I removed one of the plugs to ascertain the condition of the nerve cavity, found it contained very little impurity, the whole tooth and gum was in an excellent condition, had never troubled her, and probably never will.

Nature seems never to have contemplated the loss of the teeth, as in them, she wholly fails in that provident forecast, by which in other parts of the system, she anticipates and provides means for reparation of accidents, or the ravages of disease. There is a tendency in the teeth, almost amounting to a law, to protrude from the socket, when antagonism fails. After the loss of a tooth, the antagonizing tooth in the other jaw will generally rise in the socket, and unless the antagonism is restored, it will eventually fall out of the mouth, though it is perfectly sound. When several teeth have been lost at different times, this gradual protrusion occasions considerable inconvenience in inserting artificial dentures. All roots have lost their antagonism; from causes presently to be described, there will be greater irritation of their pereosteum and a greater tendency to absorption of the alveolus than in healthy teeth; and they will sooner loose the support of the alveolus; yet, even then, the soft parts—the gum will not abandon them, but, often like a nursing mother will hold them for considerable periods cradled in its soft bosom, and supply them with nourishment. Not unfrequently roots are seen lying horizontally on the gum, neither of their ends imbedded or penetrating into it, only attached to it by a strip of periosteum a line or two in width; yet so intimate is the union, so reluctantly does the gum part with them, they cannot be separated without laceration, or the knife.

When there is not a consentaneous action between the advance of a permanent tooth and the absorption of the fang of the deciduous, the permanent tooth frequently strikes under the apex of the fang of the deciduous; as it progresses presses it against the alveolus till it is absorbed; when *it* pierces the gum high up under the lip; where *it* gradually imbeds in the lip and becomes a true *seton*—a genuine foreign substance; yet the part covered by the gum, (both ends being exposed to the air and juices of the mouth), is healthy, or at least, maintains its attachment to the gum, and cannot be removed without laceration; notwithstanding, the system of the child is generally irritable, and little disposed to tolerate irritation. It is admitted ulceration is frequently seen around, and at the apex of the roots of dead teeth; the cause of which has till lately been overlooked; but now it is known to arise, not from the fang being a foreign substance, but from the decomposed, acrid and heterogenious contents of the nerve canal. The periosteum was designed as a co-supporter and nourisher of the tooth with the nerve; branches of its bloodvessels inosculate through the cementum, and faithful to the last, it does not suspend its functions with the death of the nerve, or so long as the fang remains in the jaw; unless destroyed by acrid substances never designed to come in contact with it. The nerve, being dead, putrifies, generates a fetiggus and becomes an animal poison. If the canal is penetrated by caries, the nerve either absorbs the juices of the mouth, or allows them to gravitate, or percolate through it; till, they reach the periosteum at the end; where, around and in the substance of the nerve fibres, the saliva and the ingesta stagnate, undergo putrefaction, fermentation, the hollow fang becomes a Liliputian laboratory, and the periosteum takes the place of the cucurbit of an alembic. What wonder it should protest against such usage, or refuse affiliation with such neighbors! If the nerve died from mechanical violence, or caries; was not removed from the cavity, and the carious orifice was plugged; another set of symptoms supervene,

followed by still another. The animal heat acting upon the blood and animal fibre generates a gas, which is contained in an impermeable, bony gasometer, (at times with a gold or tin stop cock, when the dentist has faithfully inserted a superficial plug), that endeavors to escape; for which, there is no place of egress except through the foramen at the end of the fang.

As the gas expands or accumulates, it produces precisely the same phenomena the increment of gas does in a gasometer, *i. e.* by pressure upon the permanent base, here the periosteum, it raises the containing moveable gasometer—the tooth, which becomes longer than the others, is very sore and painful to the touch, or occlusion of the jars. If this gas is not removed in time, other phenomena ensue; the periosteum takes an inflammation, suppuration follows, and then in conjunction with the gas there is pus. About this stage there is great idiosyncratic diversity in individuals. In some persons the absorbents are so strongly excited, they soon remove the pus and the gas along with it; if, then, it exists uncombined or free; but, I have some reason to think, the pus absorbs the gas, effects a chemical union, or, perhaps, what is more proble, there is a mechanical mixture, or impregnation, like that in soda water—at any rate, about this stage the pus has filled the nerve chamber, which, but a short time previous, was filled with gas. Perhaps, in the majority of cases, the pus finds exit through the alveolus and gum, and the relief is permanent or partial, as the evacuation is complete or not. Sundry individuals, in treating these cases empyrically, have obtained a temporary celebrity, have been congratulated, and have congratulated themselves as philosophers. As soon as they discover a *tympanitic* tooth, they proceed to operate by drilling a hole through to the nerve canal just under the edge of the gum; when a vent is effected, of course the tooth *squats* as quickly as a gasometer would with a hole cut in the end. But their philosophy never dreampt that, though the gasometer is empty, unless the decomposing coal is removed,

it will refill, and unless the decomposing nerve and pus is removed, and prevented from accumulating, the relief will be temporary.

Thus, having presented some additional facts to show, the destruction of the nerve does not make the tooth a foreign substance; that the irritation sometimes following the death of the nerve, can be accounted for on other, and more rational principles, the subsequent treatment of these teeth will be passed rapidly in review.

The difficulty of plugging a tooth is comparatively small before the exposure of the nerve. After the death of the nerve, the difficulties to be overcome are multiplied, and they will often tax the patience and ingenuity of the operator. To present a bird's-eye view of them they will be presented in three classes, viz:

First—The single rooted teeth, incisors, cusps, and practically bicuspids.

Second—The trifurcated, or superior molars.

Third—The teeth of the inferior maxilla, principally molars.

The first class is the least complicated, and, taken as a whole, it is liable to the fewest accidents; the teeth are situated in front and are accessible; but the accessibility is purchased at considerable inconvenience; for here, the operation to be most valuable must be disguised. Some of them are so small they will allow of but little cutting on their lingual surface without injuring their strength; yet the cavity must be so formed, that the nerve can be removed and the cavity thoroughly plugged.

The trifurcated teeth are less accessible, but their exposure is not as great, and their large size enables us to cut away a portion of them, when the cavity is on the approximal surface, without material diminution of their strength or usefulness. Should the cavity be so inaccessible, the nerve cannot be completely removed through it, another cavity may be made in a more favorable place, the tooth prepared and finished as before.

It is comparatively easy in any of these teeth to remove the greater portion of the nerve; if its destruction has been recent, or of the putrid mixture of secretion, pus, and nerve, if of long standing. In healthy constitutions, doubtless, this is all that is necessary to ensure success; though, the absorbents would be more severely taxed, and to pay for the negligence, one might have considerable subsequent trouble. The difficulty of removing the remaining portion of the nerve, or putrid deposit, is materially greater; during the operation one is tempted to exclaim with Æneas, when he ascended from hell through the ivory gate, "HIC OPUS—HOC LABOR EST," THIS IS WORK, THIS IS DIFFICULTY INDEED; yet, armed with a set of peculiarly delicate instruments, with patience and a patient patient, it can be accomplished. The source of the greatest trouble and of the most failures will, undoubtedly, be found in the inferior maxilla. Happily then, the class of teeth usually attacked by caries is small, and practically viewed as to frequency of failures is still less. For, it should be recollected, in the class of cases where the nerve is destroyed preliminary to plugging, the danger of an accident is not much greater than in the superior maxilla; if, in addition to this, the DENS SAPIENTIÆ are extracted, when not wanted for special reasons, (which is generally advisable,) the cases liable to give much trouble will be reduced within moderate limits, and found principally in those teeth where the nerve has been dead and the cavity has remained open longer than a few weeks. The causes that may produce irritation in all of these operations, are various and of such a nature the most experienced cannot always guard against them. If, when plugging the roots, a particle of dead nerve or a clot of blood remains in the canal, it may be pushed to the end, or through the foramen and excite irritation, possibly inflammation or ulceration; when it should be remembered the disease or inflammation is SELF LIMITED. If it cannot be arrested in its incipient stage by leeches or applications to the gum; as soon as fluctuation is felt, the gum should be freely lanced, a dossil

of lint placed in the opening to prevent healing by first intention—the patient directed to keep the passage open several days, by pressure or etherwise to ensure a complete evacuation, and allow the ulcer to heal from the bottom. This will generally be found sufficient, for if the cavity has been properly plugged, there is *no cavity in the fang to contain matter and again become the* NIDUS *of ulceration*—the cause of the ulceration was carried away with the discharge. There is a record of another source of failure, which consists in forcing a particle of gold through the foramen; this, it is apprehended, will constitute but a small item.

Proceedings of Societies.

Monthly Proceedings of the Cincinnati Medical Society. Reported by J. R. ATKINS, M. D.

Society met at the residence of Dr. CARROLL. Vice President in the chair. Minutes of the last meeting were read and approved.

Epilepsy being the subject selected for discussion, Dr. KEYT related the following case:

The subject is a boy aged twelve years. He first came under the Dr.'s care in May, 1854, when he obtained, partly from the mother and partly from the former physician, the following history. When between four and five years of age, he had an attack of convulsions, which passed off, however, under treatment, and he remained free from any form of convulsive disease, until a period dating back a year and a half, when he was seized with his first paroxysm of true epilepsy. This would seem to have been produced by the experiment, while in bathing, of holding his head under water as long as he could tolerate. In his own language, he "kept his head under water until he saw stars thick all around him." The

next night he had his first seizure. In a month there was another paroxysm, and so on every month or six weeks until the May following. From this time until autumn he enjoyed a respite. Through the succeeding winter and spring the paroxysms were very frequent, coming on two and three times a week. These occurred invariably in the night when the patient was asleep. There were no marked premonitory symptoms. During the fit he was pale, struggled hard, and the head was drawn to one side. Consciousness soon returned: sometimes there was not complete loss of consciousness. He would sleep soundly after the fit, and on waking in the morning (unless he had more than one fit in the course of the night) would feel entirely well. Mind not at all affected. From the time of the establishment of epilepsy, he had been under regular treatment. He had been treated for worms. He had taken cathartics, chalybeates, oxide of zinc, oxide of silver, strychnine. He had been subjected to cauterization of the throat by nitrate of silver. The respite mentioned followed the use of this latter agent. When the fits again resumed their sway, however, the same remedy was resorted to again, but without success; to what cause the failure was due I cannot say. This is the remedy which succeeded after the trial of a great variety of treatment. A fair trial was given to the following remedies and plan of treatment, viz: a seton in nape, nitrate of silver, turpentine enemas, turpentine by the mouth, mercurial cathartics, sulphate of zinc, extract of cotyledon umbilicus. He was under treatment for a space of seven months without any improvement in his condition. At last, and almost in despair, the application of nitrate of silver was resorted to in solution of forty grains to the ounce. This application was made once a week regularly; the sponge was carried around the parts at the posterior of the mouth, and then was an attempt made to introduce it into the larynx. There was no certainty that it ever passed beyond the aperture, but there is no doubt it frequently went to and partly within the laryngial opening.

These parts seemed to possess a diminished sensibility, as the boy would receive the application with scarcely an expression of pain or unpleasant sensation.

The remedy was continued for a period of five months, with results most satisfactory. From the first application to the present time, the boy has not had an epileptic seizure. He has now been free from the disease over fourteen months, and he has every appearance of being permanently cured. In this case, that the remedy employed and the disappearance of epilepsy bear to each other the relation of cause and effect, is quite certain. There was no other agent in operation at the time, to which could be assigned the result, and the interruption of the paroxysms which followed the same remedy on a former occasion goes far to corroborate the view that this was the sole agent of cure: and moreover we hear of other cases in which this disease has been mitigated if not cured by the same application. The question than being allowed that certain cases of epilepsy are benefited by this remedy, a question arises as to its *modus operandi*. Upon this point I should like to receive some information from the members of the society. Again, in the present state of our knowledge, can the treatment of epilepsy be conducted on a scientific basis? In other words, in a given case of epilepsy can we, before experiment, designate the course of treatment that will be beneficient, or is the treatment of the disease wholly empirical?

DISCUSSION.

Dr. Bonner said the success of the treatment in this case would not warrant the hope of its succeeding in all cases, no more than any of the many remedies bearing the name specifics. He has seen cases of epilepsy benefited by various remedies, but has never yet seen a case permanently cured.

Dr. Blackman spoke of the connection of epilepsy and allied affections with laryngismus, and of the results of tracheotomy in these cases, as suggested by Dr. Marshall Hall. He believed that the evidence which we now possess, based on the experience of British and American surgeons.

proved conclusively the inefficacy of this proceeding as a curative agent, and thought if not already abandoned it soon would be, except, perhaps, as a measure of temporary relief. Life had doubtless been prolonged by the operations performed by Mr. Lyons of the Glasgow Infirmary, in cases of tetanus, and in another instance by M. Maisonneuve of Paris. Dr. B. had himself tried it in one case of tetanus, but it was of no avail, being performed when the patient was in *articulo mortis*. In many of these cases, as in hydrophobia, it is probable that death occurs from spasm of the glottes, and tracheotomy would therefore be clearly indicated.

As to the topical application of nitrate of silver in epilepsy, he believed it was tried some several years since by Dr. Eben Watson, an English practitioner. He was led to try it in consequence of its beneficial influence in cases of whooping cough, in which affection death sometimes occurs from laryngismus. According to Dr. Watson it acts by lessening the susceptibility of the glottes. Now in the case reported by the author of the paper before the meeting, there was already a diminution of the sensibility of the glottes.

Dr. Browne Sequard, a French physiologist of considerable celebrity, has also suggested the topical application of nitrate of silver in epilepsy, from the effects which he had observed in his experiments on animals, where he had produced tetanic symptoms which were mitigated by such applications to the glottes.

Dr. B. referred to instances of temporary cure, the result of the accidental division of the occipital artery, or of an extensive burn of the scalp, as illustrated by a case at present in the Commercial Hospital. He had already published in the *Western Lancet* cases successfully treated by the ligature of both primitive carotid arteries.

Dr. J. J. Quinn, supposed that there was no specific remedy for the treatment of epilepsy. If this be true, we could hope for little benefit, either to the profession or to the epileptic patient, from the mere discovery of an agent that may have effected a cure in a particular case. If we can trace the

true cause of the disease, or understand the manner in which the remedy acted in that case, we might be able to apply the treatment to others; otherwise it can only be employed em pirically. Hence the inquiry of Dr. Keyt, as to the modus operandi of the remedy, which proved successful in his hands, is one of interest and importance. Before attempting to answer it, however, it might not be improper to glance at the nature of the disease.

Epilepsy manifests itself by periodical paroysms of convulsions which vary in duration in different cases, as do also the intervals between them. The disease attacks both sexes, different ages, temperaments and habits, and is both hereditary and acquired. Its pathology is not revealed by post-mortem examinations. It is true, that after deaths occurring in, or immediately following, a paroxysm, evidences of congestion of the brain have been found; and in cases that had labored under the disease for years, thickening of the membranes of the brain, and other signs of chronic inflammation, have been discovered. But both the congestion and inflammation were probably the result, rather than either the cause or essentially a part of the disease itself. The congestion, no doubt, was induced by the spasm, while the inflammation was probably the result of frequent periodical irritation of the brain during the paroxysms. Both these morbid conditions are found after death from other causes, and are therefore not peculiar to the disease. And in cases which did not terminate fatally in, or immediately following, a paroxysm, or in which the disease had not continued sufficiently long to greatly impair the functions of the mind, post-mortem examinations reveal no evidence of either congestion or inflammation; nor do they exhibit any morbid condition of the body that would enable us to arrive at the pathology of the disease.

For the nature of epilepsy, we have then to rely upon the symptoms which it presents. And these show the brain and nervous system to be involved. The medullary substance of the brain is supposed to be the centre of voluntary motion; and the cortical, the organ of mental action. Where there is

spasm of the involuntary muscles; there must be derangement in the action of the reflex system of nerves; where there is convulsions or perverted action of the voluntary muscular system, the white substance of the brain must be, in some manner, implicated; and where there is derangement of the mental functions, the cortical substance must be involved. The distortion of features, the twitching, rigidity, rapid contraction and relaxation, and violent agitation of the muscles which characterize a paroxysm, show the nervous system, including the great centres of nervous action, to be involved in the disease. Not only are the functions of the nervous system perverted during a paroxysm, but those of the mind also suffer. All the perceptive faculties,—taste, smell, hearing, vision and sensation; attention, will, memory, judgment, consciousness, all the intellectual and moral powers, are either impaired or suspended. The disease, when long continued, runs into dementia, imbecility, or idiotcy. These symptoms sufficiently indicate that epilepsy is eminently a disease of the brain and nervous system. And this conclusion would seem to be sustained by the causes which have been known to produce it. Aside from an hereditary tendency, which is sometimes sufficient of itself to bring on the disease, and always aids an exciting cause in establishing it, different physical and moral agencies, calculated to induce a morbid irritability of the nervous system, or produce an unhealthy excitability or depression of the brain, have given rise to epilepsy. Among the physical causes enumerated in the books, are depression of bone upon the brain, violence to the spine, intestinal worms, hepetic and uterine derangement, injury upon the extremity or pressure from a tumor, along the course of a nerve. A sudden mental emotion, as fright or terror, has also been known to act as an exciting cause. It is perhaps from the causes of epilepsy being external and internal, that the classification of the disease, by some, into eccentric and centric has been made.

The doctor thought that a physical cause sometimes established a predisposition to the disease, requiring an addi-

tional exciting cause to develop it. He related a case of severe injury to the spine, in which epilepsy was developed after the lapse of two or three years, upon a sudden fright from a large snake. Also one in which violence upon the cranium resulting in depression of a part of the occipital bone, was followed with the disease after several years, the first paroxysm occurring immediately upon the patient's taking a draught of cold water during violent exercise. He believed that more cases of epilepsy might be traced to indulgence in those vicious and immoral habits, which enfeeble the system and prostrate nervous energy, than to any other single cause. Several cases have fallen under his observation in which there was no hereditary taint, in which there was no other assignable cause, and which he had no doubt were the results of masturbation.

Now if this be the nature and these the causes of epilepsy, what would be its rational treatment? Evidently that laid down in the books: 1st, to remove the sources of irritation; and 2d, to render the brain more able to resist or less sensible to morbid impression. Does the local application of Nitrate of Silver to the fauces meet any of these indications? If the cause existed in or proceeded from the fauces, it might have met the first. If not, it would be difficult to account for its action. Amputation of the great toe, severing the radial artery, and castration have each been said to effect a cure, in cases where the *aura* commenced in the toe, index finger, or testicle. If the *aura* in this case commenced in the fauces, the treatment might seem to be founded upon the same principle as that which suggested such operations, the removal of the source of irritation, or what might be equivalent, altering action in the organ from which the morbid influence emanated.

Dr. Armor said there was one point of interest in epilepsy to which he desired to call the attention of the Society, and that was the *Laryngeal insensibility* to which reference has been made in the paper. His attention had been directed to

this some years since; he had frequently tested it, and in bad cases of long standing, he was inclined to think that more or less laryngeal insensibility was generally, if not always, present.

The whole subject of *Laryngeal spasm* is one of interest and we are indebted to Dr. Marshall Hall for recently adding very much to its importance. It is often the secondary seat of spasmodic difficulty and bad results frequently follow. Indeed, many agents are capable of producing fatal spasm. Irritation from teething often gives rise to spasm of the glottis in the disease known as "child crowing." This is evidently reflex spasm from irritation of the *trifiacial* nerve. Irritation of the stomach, from a morbid impression produced on the *pneumogastric* nerve, will produce the same results. The protean forms of Hysteria also furnish many striking illustrations, such as sudden aphonia, fits of croupy breathing, long continued stridulous breathing, cough, &c.

As to the pathology of epilepsy it is involved in much obscurity. We have much to learn. True, the brain is evidently involved: the *obscuration* thought, voluntary motion, all testify to this. But may not this in many instances be the result of the paroxysm rather than the cause? The same thing is observed in eclampsia from uterine irritation. In *post-mortem* examinations congestion of the vessels in the substance or on the surface of the brain is found in both instances. But this very naturally results from the mode of death, that of *apnea*. It is to relieve this latter condition that Marshall Hall proposes his operation. Be careful to distinguish between the two varieties. The first, or mild form (epilepsia mitior) is short of *laryngismus*. In the second, or more frightful (epilepsia gravior) laryngeal dyspnea is present, closure of the larynx, and violent efforts at expiration. It is doing injustice to Marshall Hall's views to suppose that he proposes to operate in all cases of epilepsy. It may be heriditary; there may be defective development of the nervous centres; distructive organic disease may have already taken

place. These would of course be unaffected by the operation. All on this side of laryngismus is unaffected by the operation. All on that side will, he thinks, be prevented or benefited by the operation. It is to obviate the *laryngismus*, inducing lividity of the countenance, involving the bitten tongue, the foam succeeded by stupor and delirium, that he proposes the introduction of the tube.

As to the topical application of the Nitrate of Silver to the larynx in the cure of epilepsy he had nothing to say. If morbid insensibility of the larynx is already present, why apply Nitrate of Silver? But the case reported is one of interest, and should lead to further trial. The speculation as to the *modus operandi* is of much less practical importance than the fact of its curative power, if indeed such prove to be the fact. But on this point we must be allowed, as yet, to be somewhat skeptical.

Dr. Carroll said he had seen as many cases of epilepsy cured without as with treatment. He may add, a close attention to diet with proper exercise as the best procedure in the management of such cases.

In cases of epilepsy associated with the sensations dscribed as aura epeleptica he has seen relief by cauterization over the part where this commenced, in other cases, it has however failed to produce any observable effect.

Cases have been reported where cures have been realised by threatening to burn with hot irons, etc., such treatment will, however, avail little in true epilepsy.

In such cases as occurred in the orphans asylum some years ago, where one epileptic was the cause of producing a general assuming of fits amongst the children, such treatment may succeed as it did then but in true epilepsy he has little confidence in any form of treatment.

Dr. Mussy spoke of masturbation as a cause of epilepsy; related a case in point where by abstinence from this indulgence, attention to diet and exercise, a cure was affected.

He spoke of the difficulty of determining the cause, and

and also of the many organic causes, which do not admit of surgical relief for their benefit.

Dr. Williams related a case mentioned by Dr. Graff, where injury of the orbicularis muscle was the cause of epilepsy, after undergoing medical treatment for some months without benefit, the patient submitted to the operation of division of the supra and unfra orbital nerves, which succeeded in entire relief to the patient.

Dr. Wright.—The case presented to us by Dr. Keyt, is interesting in many particulars, and notwithstanding it opens a wide field for discussion, a limit must be given to our remarks. He should not analyse the symptoms, with a view to determine whether the case was one of true epilepsy, or one simulating this intractable disease in its general character, as it is not necessary in the discussion of the question before us.

What is that question? It is whether the spasmodic affection presented to us, could be traced, as the first links in the chain of morbid actions, to a prolonged closure of the glottis, and subsequent lesion about this apature. The success of the treatment so wisely suggested, and so skillfully applied, leaves no room for doubt as to the origin of the spasms.

But, valuable as this case may be, as suggestive of new ideas respecting epilepsy, we should be careful how we limit our investigations to any one cause of the disease. The pathology of nervous diseases, so called, and those in which muscular agitation is the prominent symptom, are, and we fear will continue to be, exceedingly obscure.

Do not the convulsions of children, in all their external manifestations, claim an identy with epilepsy? Most frequently, they arise from some improper material having been received into the stomach. A few days since I was called to see a little patient in spasms, the first seisure continuing six hours without abatement. Pieces of paper and a small twig of green cedar, were discharged under the influence of a cathartic, and speedily afterwards all unpleasant symptoms disappeared. Could the application of nitrate of silver to the epiglottis have saved this patient?

If our remedies are hereafter to be applied to the fauces to arrest epilepsy, then our views respecting its pathology, have been greatly at fault. A vast amount of time has been expended, and labor bestowed in vain, in detecting it with the use of the knife, lesions of the brain and spinal chord. Perhaps, in these cases, morbid action is reflected from the nervous centres, upon the glottis, inducing spasms and temporary asphyxia—the convulsions appearing as the ultimate phenomena. If so, the nitrate of silver as used by Dr. Keyt may yet become a powerful agent in the cure of epilepsy.

In this connection, and to illustrate the influence of the mind, or will, in inducing epilepsy, allow us to present the outlines of a case.

A convict in our State institution, who seemed to be a scoundrel naturally, as well as from habit, established epilpesy in himself, by holding his breath for a long time, and arresting the circulation through his arms, by bringing them forcibly against large balls placed in the exillæ. By and by the least unpleasant excitement of mind, a disputation with a fellow prisoner—hard words from a guard—food not savory to him—reproduced a paroxysm. So violent and oft repeated were the seizures, that his face was scarcely ever free from bruises and swelling. The arm and leg of one side, became diminished, and partially paralyzed. Becoming a nuisance in the establishment, and requiring more care than a regiment of such fellows were worth, his friends were permitted by the Executive to take him to their home. Soon he was sufficiently restored to health to engage in his favorite occupation of stealing. He was pursued to the Ohio river, down it to Cincinnati—stealing at almost every point on the way. At the latter place he was arrested, lodged in jail—brought before the court to be tried—had a fit frightening the judges and lawyers, turning over chairs and tables, and was sent to the Commercial Hospital: at night he escaped and after having committed depredations of various kinds, was returned to the prison.

He was threatened by the physician with severe punishment if he had a fit during his confinement. For several months he kept steadily at work, without having entered the sick list once. During an attempt to scale the wall, and being hailed by a sentinel armed with a musket, he fell to the ground, and floundered for some time in a fit, and was roused to consciousness by the free use of a cowhide. This, with subsequent punishment, seemed to prevent another epileptic attack. At all events, he was not known to have had one during his confinement, a period, if I mistake not, of two or three years.

Much remains to be learned respecting the true pathology of epilepsy. If the case which has given rise to our remarks should lead us into a more correct and successful train of thought, Dr. Keyt will receive, as he will justly deserve, high encomiums from the profession.

Dr. CARSON spoke of experiments of Dr. Todd, on animals, with regard to the seat of epilepsy. Epileptic spasms were only produced when the *corpora quadrigemena* were wounded; the experiments were made by passing instruments through the brain at different points.

RELATION OF CASES.

Dr. CARSON related the following case of *Triplets:* The woman was aged about 27 years, good hight, apparently well developed. Labor progressed in the ordinary way, through a duration of about four hours. Nothing unusual had attracted her attention during gestation. It was her first labor, and came on two weeks before her own calculation. The presentations were all vertex; position of two occipito anterior; the third, occipito posterior. The interval between the first and second was about half an hour; between the second and third, not quite so long. The placentæ were three, and expelled within a few minutes of each other. The cords were average length and size; the children were all living, and consisted of two girls and a boy. They weighed, the next morning, five, four and five pounds. The smaller one, which was

a girl, lived only eight hours; the others were strong and healthy, as children usually are, and the prospect of their living seemed to be good. On the next day she was removed a distance of about eight squares. On the third and fourth days she was threatened with peretonitis, but owing to obstinate neglect of directions which he considered necessary for her safety, refused to attend her longer than the fourth day. Whether she recovered, or whether the children lived, he does not know. From the easy labor she had, and from her favorable condition previous to her removal, speedy convalescence might have been anticipated, notwithstanding it is generally true, that plural births are more dangerous to the woman than single births. No stethoscopic examination was made, because there was no suspicion of anything unusual; whether all the fœtal hearts could have been heard, is doubtful.

HENDRICKS CO. MEDICAL SOCIETY.

At a regular meeting of the "Hendricks County Medical Society" held at Danville, Indiana, on Tuesday, April 15th, 1856, the following officers were elected for the year ending April, 1857, viz:

President, Thomas B. Harvey, Plainfield; *Vice President*, Leroy H. Kennedy, Belville; *Rec. Secretary*, J. Joel Wright, Monrovia, Morgan county; *Cor. Secretary*, Henry Cox, Danville; *Treasurer*, Levi Ritter, Plainfield; *Censors*, J. N. Green, Stilesville, J. A. Comingor, Danville, Lot Reagan, Bridgeport, Marion County.

The following Delegates were appointed to attend the National Medical Association, viz: David Hutchison and Henry G. Todd.

The following Delegates were appointed to attend the State Medical Association, viz: J. A. Comingor, J. N. Green and L. Howard Kennedy.

The next regular meeting will be held at Plainfield on the 2d Tuesday in July next.

J. JOEL WRIGHT, *Rec. Secretary.*

Reviews and Notices.

Physical Exploration and Diagnosis of Diseases affecting the Respiratory Organs. By AUSTIN FLINT, M. D., Professor of the Theory and Practice of Medicine in the University of Louisville; Honorary Member of the Medical Society of Virginia, and of the Kentucky State Medical Society. Philadelphia: Blanchard and Lea. 1856. 8vo. pp. 628.

The phenomena attending the diseases of the chest, and the physical tests applied to reveal the causes of those phenomena, have been so perseveringly and accurately studied by diagnosticians, of the present day, that facts have accumulated in much greater abundance than was ever contemplated by the distinguished founder of the science of physical diagnosis. Consequently the works of those authors that were early engaged in this new method of investigation, fall far short of making a complete exposition of the science as it is now taught and practiced by the expert and accomplished practitioners of medicine. As new truths were developed, monographs have been published by their discoverers, explanatory of the advance that had been made in some particular direction, but without attempting, except in a few instances, to embrace the whole field. The result, which was unavoidable from the rapidly advancing state of the science, has been, to fill our libraries with a number of works on the subject, which, though each has its peculiar merits, and is valuable in its limited extent, are incomplete as a whole, in presenting the subject in its present improved condition.

To collect and arrange all the facts now known, that shed a light on the diseases of the respiratory organs, and embody them in a single volume, has been the object and aim of Professor Flint. To accomplish this, a task of patient labor was to be performed, with nothing to cheer him on his way, but an ardent love of science, and an inherent enthusiasm in the pursuit of knowledge. How well he has succeeded must be learned from the book that is now before us.

In the introduction is given the "preliminary points pertaining to the Anatomy and Physiology of the Respiratory Apparatus"—Thoracic Parietes, Pulmonary organs, and the Trachea, Bronchi, and

Larynx, with the topographical divisions of the chest. This part of the work, occupying forty-four pages, seems, in the first view, to be superfluous, (when we remember the many accurate and ample descriptions of those points found in our text books of Anatomy and Physiology;") but, on a second consideration, the propriety of this introduction becomes more apparent. It was the design of the author to make his work complete, and self-sustaining, in all its parts, and to present all that was valuable on the subject. To accomplish this, it was necessary to present the organs and their functions in a state of health, in order that their deviations, in diseased conditions, might be studied and clearly understood in the succeeding chapters. We cannot here suppress a desire to compliment the author on the faithfulness and accuracy of his introductory, and his good judgment in placing it in the volume.

The first part of the work treats of the different methods of physical exploration, percussion, auscultation, inspection, mensuration, palpation, and succussion, covering two hundred and eighty-eight pages. Here, (the remark is imperative,) is a large consumption of paper; but in compensation we have the subjects thoroughly examined.

Part second applies the different methods of physical exploration to the diagnosis of the diseases affecting the respiratory organs; but time and space will not permit us to follow the author in his devious wanderings through the labyrinthine tubes and cavernous recesses into which his subject leads him; though it would be a pleasing and profitable task for us to gather up some of the brilliant gems that he has scattered profusely along his path, and present them to the readers of the Lancet, for they illuminate the dark passages of his way as diamonds the dark caverns of the deep.

Professor Flint, in the production of this work, elevates Western Medical literature into a position of greater respectability, in which every western member of the medical profession should feel an interest and a pride. We hope that it may be as extensively scattered over, and read, in the "Mississippi Valley" as it doubtless will be on the Atlantic border of our Continent.

For sale by H. W. Derby. Price $3.

Manual of Chemical Physiology. From the German of Professor C. G. Lehmann, M. D. Translated with Notes and additions, by J. Chesten Morris, M. D. With an Introductory Essay on Vital Force, by Samuel Jackson, M. D., Professor of the Institutes of Medicine in the University of Pennsylvania. Illustrated with Forty wood cuts. Philadelphia: Blanchard & Lea, 1856. 8vo. pp. 331.

This is a brief epitome of the large and elaborate work on "Physiological Chemistry," by the same author; and presents, in a very condensed form, the main facts of the science. It is designed as a convenient text-book for students, and, with them it will be taken in preference to the large work. Much additional interest is given to this volume in an introductory Essay by Professor Jackson of the University of Pennsylvania; and in interesting extracts from his letters introduced into the appendix.

Professor Jackson reviews Dr. Lehmann's doctrine of vital forces; showing in the strongest light the insufficiency of his physical explanation of vital phenomena. But, while dissenting from Dr. Lehmann's theories, he pays the highest possible compliment to the scientific merits of the book, by adopting it as the text-book on Physiological Chemistry for the University students.

For sale by H. W. Derby. Price $2 25.

The Principles of Surgery. By James Miller, F. R. S. E., F. R. C. S. E. Author of a Treatise on the Practice of Surgery; Surgeon in Ordinary to the Queen for Scotland; Surgeon in Ordinary to his Royal Highness Prince Albert, for Scotland; Professor of Surgery in the University of Edinburgh; Consulting Surgeon to The Royal Infirmary, etc., etc., etc. Fourth American, from the Third and Revised English Edition. Illustrated by two hundred and forty engravings on wood. Philadelphia: Blanchard & Lea. 1856. pp. 696.

The works of Professor Miller are so well known to the Profession, that it is unnecessary for us to say any thing in relation to their general merits. The present edition of his "Principles," however, deserves a special notice, from the number, variety, and faithfulness of its illustrations. The wood cuts are beautifully executed; and many of them are new and exceedingly instructive—particularly those illustrating mortification, diseased and fractured bones, and the varieties of aneurism.

It is printed on good smooth paper, in clear, clean type, and substantially bound in calf,—in a word, it is gotten up in Blanchard & Lea's best style for standard works.

For sale by H. W. Derby. Price $3 75.

A Practical Hand-Book of Medical Chemistry. By JOHN E. BOWMAN, F. C. S., Professor of Practical Chemistry in King's College, London. Second American, from the Third and Revised London Edition. With Illustrations. Philadelphia: Blanchard & Lea. 1855. pp. 287.

The distinguished reputation of Professor Bowman, and the rapid absorption, by the profession, of former editions, is a sufficient commentary on the value of this excellent little work. It is impossible for one, not a practical chemist, to give a useful criticism of a work like the present; so we must bow in respectful submission to the dignified authority from which it emanates, and wait for abler hands to point out its defects, if any exist.

For sale by H. W. Derby.

Analytical Compendium of the various Branches of Medical Science, for the Use and Examination of Students. By JOHN NEIL, M. D., Surgeon to the Pennsylvania Hospital, Fellow of the College of Physicians, etc., and FRANCIS GURNEY SMITH, M. D., Physician to St. Joseph's Hospital, Fellow of the College of Physicians, etc. A new Edition, Revised and Improved. With three hundred and seventy-four Illustrations. Philadelphia: Blanchard & Lea. pp. 974.

There are but few students or practitioners of medicine unacquainted with the former editions of this unassuming, though highly instructive work. The whole science of medicine appears to have been sifted, as the gold bearing sands of "*El Dorado*," and the precious facts treasured up in this little volume. In it, we have presented in a condensed form, the material points of *Anatomy*, *Physiology*, *Surgery*, *Obstetrics*, *Chemistry*, *Materia Medica*, and the *Practice of Medicine*, making a complete portable library so compact that the student may make it his constant pocket companion.

For sale by H. W. Derby. Price $3 00.

Progress of Medicine.

FRANCE.

Puerperal Fever. Translated for the Western Lancet, from the Gaz. des Hopiteaux. By J. H. T.

A narrative of the epidemic which prevailed at La Charite in 1854, has just been published by M. Charrier. The course of the epidemic ran thus: during the first four months of the year, the abdominal lesions were much the most frequent. In the following two months, gangrenous eschars attended the ventral lesions; after this succeeded a sort of truce, which lasted a month. Finally, toward the middle of September, lesions of the chest became more and more frequent, so that at length simple or double pleurisy became the rule, and peritonitis the exception.

During the month of October, the epidemic attained its maximum of intensity. Of sixty-one persons attacked forty-two died. Of these, fifteen had double purulent pleurisy, eleven had simple purulent pleurisy. Six times the pleuritis had coincided with peritonitis; four times peritonitis had existed alone, and six times the pleuritis had preceded the peritonitis.

It was also observed during this epidemic, where the death of the fœtus occurred either shortly before or after the delivery, that during the first six months of the epidemic, it was found to have suffered from abdominal lesions, whereas during the last three months the pleura was affected.

A striking proof of the essentially general character of this disease, from its very commencement, is afforded by several examples cited by M. Charrier, where the gravity of the phenomena were such from the beginning, and their march so rapid, that the local lesions had not time to be developed, and consequently no trace of them could be found at the subsequent autopsy.

At the commencement of the epidemic, in many cases, local depletion was tried, but without any success; whereas many cases were saved by vomiting with a powder of ipecac and antimony, followed on the next day by a saline cathartic. Large vesicatories were placed over the abdomen to relieve the pains. When the fever gave way, diffusible stimulants and tonics were employed. The antiphlogistic and mercurial treatment invariably failed.

The gangrenous ulcerations were treated by applications of chloride of iron, which was found speedily to limit the progress of the sphacelus.

In the pectoral form of the disease, its march was very rapid, and no kind of medication seemed to get time to exercise much control over it.

Tuberculous Cavern Injected.—M. Rochat relates the case of a weaver laboring under all the symptoms of phthisis, who had a fistula near the point of the scapula, which was found to communicate with a tuberculous cavern in the right lung. A more direct opening was made into the cavern by applications of caustic potash, near the edge of the third dorsal vertebra. Through this a large quantity of tuberculous matter was washed out, and into the cavern a tincture of iodine and iodide of potash was injected. The patient was put upon codliver oil, and has entirely recovered.

Valerianate of Atrophine.—M. Michea calls the attention of the profession to this new preparation, which is formed by the union of valerianic acid with the alkali of atrophine. He claims that it is far more reliable than any other articles of the materia medica in the treatment of convulsive diseases; and especially of epilepsy, hysteria, chronic asthma and whooping cough.

ENGLAND.

Treatment of Menorrhagia by Oxide of Silver. By Walter Jones.

The patient, Mrs. W. W——, aged twenty-eight years, delicate looking, was the mother of one child, aged five years, and had a subsequent miscarriage but did well after it, about the beginning of January, 1854, was taken with severe mennorrhagia, for which on the 18th January, 1854, the ergot combined with tonics, (quinine, etc.) was given twice a day, and continued until the 18th January, without much benefit, when the sulphate of iron was combined with the ergot and persevered in for a week (till the 24th January) without her deriving any benefit, at which time sulphuric with gallic acid, with a bitter were administered, also a solution of alum and sulphate of zinc, to be used as an injection thrice daily. These remedies were continued till the 5th February, without the slightest relief, the patient getting very low in consequence of the continued drain going on. Dr.——, was called in for consultation, and prescribed full doses of the tincture ferri sesquichloride three times a day, and a pill every night of superacetate of lead one grain and a half, and pulv. opii half a grain. The hemorrhage still continuing to a serious extent with frequent faintness, cold was applied to the vulva, etc., bandaging, etc. On the 12th February, she took the tincture ferri and quinine, with some secale, and under its influence she slightly improved, till the 16th, on which day her medicine was changed to spts. æth. nit., tincture cinnamon co., and tincture columba, and continued till the 18th, on which day she became much worse; gallic acid was given in twelve grain doses, and pil. saponis c. opio. five grains, o. n.; this was continued with but slight benefit till the 28th February, when I gave her one drachm doses of

the bitartrate of potash three times a day. She derived more benefit from this remedy than anything she had yet taken, and it was continued till the 18th March (which was nearly a month,) on which day the hemorrhage returned to a most alarming extent; the fainting coming on at frequent intervals and on the slightest movement, and, indeed, at one time life seemed all but extinct. Stimulants of various kinds were administered freely as the only chance of saving her. While in this state Dr. ——, was sent for. He prescribed the following:—R. Argent. oxid. one grain and a half, ext. tarax. pulv. tragac. co., of each six grains, div. in pilul. sex. capiat i. ter die. After the few first doses there was a marked change for the better, and from that time there was daily improvement till the middle of April (taking her pills daily), when very soon after, she was able to go to the sea-side. She has since been confined, (on the 19th June, 1855) of a fine living boy, which she is suckling at the present time, and has never had a repetition of the discharge, and is now in good health.

During her confinement, I was rather apprehensive of hemorrhage coming on, but fortunately everything passed off very well. The above case plainly shows the valuable properties of the oxide of silver in this class of cases. All the best remedies known were tried with but little benefit, and I feel confident that had it not been for this preparation acting so beneficially, the patient's life would, in a few hours, have been lost. It deserves a well spread notoriety, and doubtless many cases prove fatal from the want of knowledge respecting the properties of the oxide of silver.—*London Lancet.*

A Test for Strychnine. By MARSHALL HALL, M. D.

The detection of strychnia as a poison, is, at this moment, of deep public interest.

When the *chemical* test fails, there remains, I think, another—the *physiological.* Having long studied the effects of strychnia on the animal economy, (I have sent two papers on this subject to the institute of France,*) I am persuaded that these effects, on the *most excitable* of the animal species, are at once the most delicate and specific tests of this poison.

I have just performed two experiments, and only two, for want of materials for more.

I requested Mr. Lloyd Bullock, of Hanover street, to dissolve one part of the acetate of strychnia in one thousand parts of distilled water, adding a drop or two of ascetic acid.

I then took a frog, and having added to one ounce of water 1-100th part of a grain of acetate of strychnia, placed the frog in

* See the *Comptes Rendus* for June, 1847, and February, 1833.

this dilute solution. No effect having been produced, 1-100th of a grain of the acetate was carefully added. This having produced no effect, in another hour 1-100th of a grain of the acetate was again added, making the 3-100ths, or about the 33d part of a grain. In a few minutes, the frog became violently tetanic, and though taken out and washed, died in the course of the night.

I thus detected, in the most indubitable manner, one thirty-third part of a grain of the acetate of strychnia. It appeared to me that had more time been given to the experiment, a much minuter quantity would be detectible.

I placed the second* frog in one ounce of distilled water, to which I had added the 1-200th part of a grain of the acetate of strychnia, At the end of the first, the second, and the third hours, other similar additions were made, no symptoms of strychnism having appeared. At the end of the fifth hour, the frog having been exposed to the action of 1-50th part of a grain of the acetate of strychnia, tetanus came on, and under the same circumstances of removal and washing, as in the former experiment, proved fatal in its turn.

I thus detected 1-50th part of a grain of the poisonous salt by phenomena too vivid to admit of a moment's doubt, the animnl, on the slightest touch, became seized with the most rigid general spasmodic, or rather, tetanoid rigidity. And this phenomena, alternating with perfect relaxation, was repeated again and again.

As the nerve and muscles of the frog's leg, properly prepared, have been very aptly designated as galvanoscopic, so the whole frog, properly employed, becomes strychnoscopic.

In cases of suspected poison from strychnia, the contents of the stomach and intestines, and the contents of the heart, bloodvessels, &c., must be severally and carefully evaporated, and made to act on lively frogs just taken from the ponds or mud. I need scarcely say, that taken in winter, the frog will prove more strychnoscopic than in summer, in the early morning than in the evening.

The *best* mode of performing the experiment also remains to be discovered, with all its details and precautions; an inquiry into which I propose to enter shortly. Meantime this note may not be without its utility.

Prince Street, Hanover-square, January, 1856.

Postcript.—I have repeated my experiment: I placed one frog, fresh from the pools, in an ounce of water, containing the 1-50th part of a grain of the acetate of strychnia; a second in the same quantity of water, containing the 1-66th, a third containing 1-100th, and a fourth containing 1-200th. All became tetanic in two or three hours, except the third, which was a *female*, (the others being males,) which required a longer time.

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* These frogs were not fresh from the pools.

The 1-200th part of a grain of the acetate of strychnia is therefore detectible by means of this test conferred by physiology.

We now placed a male frog in 1-400th part of a grain of the acetate of strychnia, dissolved in six drachms of water. In three hours and a half it became violently tetanic.

The fresh frog is, therefore, at this season, strychnoscopic of 1-400th part of a grain of the acetate of strychnia, and probably to a much minuter quantity, which ulterior experiment must show.

In two other experiments the 1-500th and the 1-1000th of a grain of the acetate of strychnia were detected.

January 7th, 1856.

Editorial.

TRANSACTIONS OF THE OHIO STATE MEDICAL SOCIETY.

We promised in the last number of the *Lancet* to give a more extended notice, in this, of the "Transactions of the tenth annual meeting of the Ohio State Medical Society." We will now endeavor to redeem our pledge. If anything we may say should seem to bear upon any of the agents of the society, in publishing the transactions, or in making reports of committees, we hope that our strictures will not be attributed to personal motives, or private feeling on our part; for we aim only to expose manifest error, and glaring inconsistencies, which must arrest the attention of the most disinterested observer. But we must acknowledge that we begin the task strongly impressed with a sense of duty to find fault with the actions of the Society at its last meeting, if this document is a fair exposition of its doings.

It appears that the Society has fallen into the hands of committees, where its identity is entirely lost, and its strength enervated, except so far as the influence of its name gives sanction and circulation to committee reports. Through these reports, then, we must search for the image or shade of the Society, to learn what it is doing for the promotion of science and the elevation of the profession. But before examining the reports, as we design to do, in their regular order, we will inquire into the origin of the committees, and see if there has not been a perversion of the aims of the

Association, and its name used to sanction individual schemes, at variance with the wishes of the mass of its members.

A member takes a fancy that by riding some hobby through the Society, he can gain an enviable notoriety, or, by getting its endorsement of a patent instrument, can make a fortune by the operation. He moves in the Society, or gets a special friend to do it for him, that a committee be appointed to examine and report on said hobby or patent instrument, and from courtesy, he or his friend is made chairman of a committee of investigation. The report is, of course, just what the ambitious gentleman desired it to be; and, whether it is approved or rejected by the Society, it appears in the printed transactions, with such additions and alterations as the hobby riding individual sees proper to make; and the whole is imposed on the community as the transactions of the Ohio State Medical Society. For the truthfulness of the above remarks, we will give, as an instance, the report of the committee on medical ethics, (B. in the Transactions) and the reports on patented inventions, marked D, H, and N. Of the intrinsic merits of these reports, more will be said hereafter. But our object at present is simply to show the members how the society may be, and has been "USED" by individual hobby riders, that they may guard against like occurrences in the future.

The report of the committee on ethics was read in the Society by the chairman, followed by a resolution to discard entire the code of medical ethics from the Society. After a full and fair discussion, in which both sides had a hearing, the Society REFUSED to adopt both the report and the resolution, showing clearly and unmistakably a veneration for the national code of ethics. And the determination to maintain the code entire was still more emphatically expressed, by passing a resolution, rescinding a resolution passed the year previous, that struck one link from the golden chain. This, it might be supposed, would cool the ardor of a modest committee, and that they would have rejoiced to see the lifeless body of their "prodigious" offspring so decently interred. But as it was conceived in iniquity, and came forth by a sad abortion, and when delivered was found to be nothing but an acephalous, monstrous, monstrosity, it was determined that the Society should father the child, even with a caudal prolongation stuck on to its most repulsive extremity, after the adjournment of the Association. The publish-

ing committee, in the plenitude of their power, and in the goodness of their hearts, yearning with benevolent impulses to free the society from the thraldom it was fancied the code imposed, folded carefully the monstrosity in their arms, caudal appendix and all, for future resuscitation. The two *very distinguished obstetritions*—Professors ! ! one *in* and one *out*—to whose charge it was confided—were so successful, that, in a very short time, through their great skill and the pure atmosphere of the city of Eaton, it was brought to "light and life," several months before the transactions were published.

In plain words, the report of the committee on ethics was printed and circulated in pamphlet form, under the title of "Report of the Special Committee on Medical Ethics, to the Tenth Annual Meeting of the Ohio State Medical Society, held in Zanesville, June 5th, 1855. Eaton, O !!" months before the Transactions appeared; and it was supposed that, of course, the committee had liberally furnished the means for its publication, (as it was currently reported that the transactions could not be printed for the want of funds) or, at worst, the appendix, occupying four pages, which was an "*after-clap*,"—a weak gleety discharge,—not contagious,—was certainly given at private expense, and would not be inserted in the Transactions. But imagine our surprise, on comparison, when the Transactions were received, to find there the same report and appendix, printed with the same worn-out, dirty type, with the same typographical errors, on the same quality of thin yellow paper, and to look very much like it had been paid for out of the same treasury. When the report was published, the committee, (or perhaps only the chairman of the committee,) inspired with the enthusiasm of Propagandists, had them widely distributed through the "high-ways and by-ways" of our city, to professional men and laymen, and particularly to the editors of political papers; and wherever they were sent, carrying reproach and shame on the regular profession, and disgrace to the Ohio State Medical Society. Some of the editors had too much good taste to notice it, while others, ever ready to propagate slanders on legitimate medicine, commented on the "foolish and absurd code of the doctors," in no complimentary terms. But for this we cannot censure them, knowing that they mistook the garbled nonsense given in the report for the code itself.

We have occupied so much space in the foregoing statement of

facts, that we have but little remaining to appropriate to an analysis of the several papers printed with the transactions; so we must be content with a few brief allusions to prominent points in each.

[A.] The valedictory address of Dr. C. Woodward, the retiring President of the Association, is clothed in his usual felicitous style of composition, and, as a whole, is an effort worthy of his genius. But we think he made an unhappy choice of his subject, viz: The Code of Ethics. Placing himself in antagonism to the American Medical Association and its Ethics, gives him a position not sanctioned by his courteous intercourse with his professional brethren, nor can we believe it is congenial to his taste in the calm moments of "sober second thought."

[B.] The Report of the Special Committee on Medical Ethics, by M. B. Wright, is the product of a labored, nerve-straining, brain-squeezing effort at misrepresention, and a ridiculous abortion of wit and sarcasm; of which any of our readers may satisfy themselves by comparing his perversion of the code, with the code itself. But for fear they will not take the trouble, we will furnish the following from

TRUE CODE.	WRIGHT'S PERVERSION.
ARTICLE I. *Duties of Physicians to their Patients.* SECTION 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect, and confidence.	1. Every Physician, who expects to live by his profession, must engage in its *practice*, and the cure of his patients should be his greatest object.
SEC. 2. Every case committed to the charge of a physician should be treated with attention, candour, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services; none of the privacies of personal and domestic life, no infirmity of disposition, or flaw of character observed during professional attendance, should	2. Patience and forbearance in practice are to be exercised, especially towards those who are imbecile or capricious. And things important to be kept secret, are not to be used in the propagation of family or neighborhood scandal.

ever be divulged by him except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy, by courts of justice.

SEC. 3. Frequent visits to the sick are, in general, requisite, since they enable the physician to arrive at a more perfect knowledge of the disease, to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

3. The sick are not to be neglected—they are not to be annoyed by visits too frequently made, nor by conversation disagreeably prolonged.

SEC. 4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned, in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

4. The nature of the case should not be dishonestly magnified, nor should real danger be selfishly concealed.

SEC. 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to, all pecuniary consideration.

5. The apparent hopelessness of a case will not justify its entire abandonment.

SEC. 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

6. The decision of two Doctors are sometimes better than the opinions of one.

SEC. 7. The opportunity which a physician not unfrequently enjoys, of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offense, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

7. Virtuous, rather than vicious conduct, should be practeed.

To comment on the above quotations, would be superfluous; but we give below, M. B. Wright's remarks, which follow in the Report, his perrevision of the seven first sections of the code, as a specimen of his wit and sarcasm:

"We shall not stop to contemplate the wisdom of these axioms, nor to discuss the question whether they have been impressed upon the infant mind by the tender manner and authorative voice of every mother, or whether they are to be given to mature minds for their edification and profit. But the belief is irresistible, that a body of dignified and learned Doctors might have been more profitably employed, than in compiling a book on good manners, and in letting themselves down into second childhood, to repeat the early lessons of the first. Still more objectionable is that edict which would give us so lowly a position, as to become the proper recipients of such puerile instructions."

[C.] *Report on the Practice of Medicine.* By L. M. Lawson, M. D. The paper of Dr. Lawson reflects much credit on its author and the Association. It is much to be regretted that the publishing committee did not have this report, instead of the report on Ethics, scattered in the community, and distributed to the daily papers.

[D.] [H.] [N.] Reports D, H and N are, we understand on patented inventions, that *may* be valuable improvements. But it is the inconsistency of the society, that arrests our attention here, in sustaining, by a large vote, the code of Ethics in its prohibition of patents from the medical profession, and at the same time appointing committees to examine patented instruments, and in allowing to be printed, with the transactions, flattering reports on the same.

[O.] Report of the Committee on Medical Literature. By S. G. Armor, M. D., Chairman. This report occupies a very small space in the transactions, but it is a highly concentrated article, and every word is charged with pure medicinal virtue. In speaking of the medical journals of our State, and the meagre support they receive from the profession at home, he gives the following paragraph, which we hope our readers will *take due notice of, and govern themselves accordingly.*

"Your Committee would suggest the propriety of extending more support to our *home* journals. There is too much disposition to support *foreign* journals, thus depriving our own of the very means necessary for their excellence. It is to be regretted that any member of our State Society should so far forget his state pride, as to send valuable communications to Eastern instead of our own journals."

Clinical reports are often defective, and the Committee suggests a remedy:

"The other feature of our Medical Literature to which we have

alluded, namely, *imperfect clinical reports*, is one which is, in many respects, very faulty. The description of disease is often extremely meagre, uncertain, indefinite, and incomplete in detail; so much so, that no just conception can be formed of the real nature of the disease described. The result is, that the reader has no basis for conclusions, and therapeutical suggestions, otherwise valuable, are of no account.

Your Committee would suggest that some means be adopted for correcting this common defect of our literature. Medical Societies might co-operate with Medical Colleges in offering a prize for the best clinical reports of one or more medical or surgical cases. This would have the effect to direct medical inquiry in a proper and healthy channel, and would necessarily enlarge the field of observation, and give more interest and accuracy to the study of pathology at the bedside. It would teach *what* to observe, and *how* to observe, and would lead to greater certainty in the diagnosis and treatment of disease."

The foregoing review of the transactions of the Ohio State Medical Society has been hastily thrown together, and is not what we would desire it to be; but we hope it will serve to show that the *Western Lancet* will ever defend the national code of Ethics. We must have a well-defined line, an impregnable wall, around the "holy ground" of scientific medicine, to separate it from the bogs of quackery; or the whole will be overrun with noisome weeds and venemous reptiles. Assaults from without will forever fall harmless at the base of of its ramparts; but it is traitors within the citadel, that bring the profession into a position of danger. For these we will keep a gallows and a halter.

A NEW MEDICAL JOURNAL.

"The Medical Independent and Monthly Review of Medicine and Surgery," is edited by Henry Goadby, M. D., Edward Kane, M. D., and L. G. Robinson, M. D., and published by S. D. Elwood & Co. Detroit, Michigan.

We have only received the second number of the Independent, the first, has doubtless fallen into other hands through the carelessness of some post office official, or perhaps it is yet frozen up in some of the snow drifts in the North. Please to forward us the first number again, friend Goadby.

The Independent should be patronized by every lover of natural

science; for it has one exceedingly attractive feature, that is not presented by any other Medical Journal, viz., a series of articles from Dr. Goadby, on the revelations of the microscope. Dr. Goadby has no superior as a microscopist. Having devoted many years to the study of organized existences, through the microscope, he has acquired the reputation of high authority even with the best microscopists of Europe. We shall always prize the Independent so long as the name of Dr. Goadby stands as one of its editors. We have not the pleasure of an acquaintance with his associates, but we have no doubt they are well qualified for the position they have assumed.

The Independent is a Monthly Journal, published at two dollars per annum, in advance. We regret that the price is too low to warrant a first rate mechanical execution of the work. It is welcome to our list of exchanges.

OHIO STATE MEDICAL SOCIETY.

It should be remembered that this Association will hold its eleventh annual meeting in the city of Columbus, on the first Tuesday, (the third) of June. It is sincerely to be hoped that enough of the staid members who have the honor and dignity of the profession constantly in view, will be present to check the current of innovation that is so insidiously infiltrating the tissues of that body.

HOMEOPATHY *vs.* THE UNIVERSITY OF MICHIGAN.

The April number of the Peninsular Journal of Medicine, gives the opinion of J. V. Campbell, and G. V. N. Lathrop, of the Supreme Court, which sustains the Regents of the University in failing to appoint a Professor of Homeopathy as directed by the State Legislature. It is an able and instructive article, and we regret that we have not room for it in our pages.

Prof. H. A. Ackley has resigned his professorship of Surgery in the Cleveland Medical College. As a bold and successful operator, Prof. A. has few superiors. He was one of the first

founders of the Cleveland school, and to his popularity as an operator and lecturer was doubtless chiefly attributable the large classes which that Institution commanded for many years.

We regret to loose him from the professorial corps of the West, as must also the Institution of which he was the principal founder and main support.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

Drs. T. Wood and S. E. Armor have been appointed Delegates to the American Medical Association from the Medical College of Ohio, and Dr. Geo. C. Blackman from the Commercial Hospital of Cincinnati.

We have in our drawer a number of interesting communications from our Contributors, for which, they will please to accept our thanks. Thos. Carroll,—G. A. Kunkler,—E. R. Maxson, J. R. W. Jeffray, R. R. McMeens, D. W. Maule, and T. J. Cogley, have each furnished us with an article that will appear in due time. The Article of John M. Pugh, M. D., we mustdecline, as we think it will not sufficiently interest the Medical reader. It would be valuable to a Tract Association or some religious Journal.

Dr. O. C. Gibbs has removed from Perry, Lake Co., Ohio, to Frewsburgh, Chataque Co., New York. The name of Dr. G. is familiar to the readers of the Lancet through his frequent contributions to its pages. His spirited and instructive articles give much interest to the two last volumes of our Journal. We wish him success in his new location, and hope he may still continue "takin notes," and we will "print 'em."

Death of M. Ernest Cloquet.—M. Ernst Cloquet, physician to the Shah of Persia since 1846, has just been the victim of a mistake, and perished, after excruciating pain, by taking a large dose of tincture of cantharides in mistake for brandy. This eminent member of the Paris faculty had been elected by the Academy of Medicine when Mehemet Shah had requested the French government to send him a physician; *the government having left the choice entirely to the learned society.* The salary was £1400 a year. M. Cloquet had not long since been married to an Armenian lady.

WESTERN LANCET.

EDITED BY T. WOOD, M. D.,

Professor of Anatomy in the Medical College of Ohio, and one of the Surgeons of the Commercial Hospital.

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Original Lectures, Essays and Communications.

A Case of Vaginal Rectocele, and one of Vaginal Hernia. By THOMAS CARROLL, M. D.

Vaginal Rectocele is noticed by Dr. Ashwell in his work on the diseases of females; but he does not mention vaginal hernia as a disease of women; this however is described by S. Cooper, Lawrence, Brown, etc. From the neglect on the part of Ashwell, of not describing the latter disease it may be presumed that he had not seen a case, and as Cooper, does not notice vaginal rectocele we may conclude that he was not acquainted with the malady.

The case of vaginal rectocele, which I am about to describe, occurred in a lady of a distant state, she had labored, before I saw her, under the malady, for more than seven years. At first the affliction was slight, but had gradually increased up to the time she consulted the writer, on the 10th October, 1855.

This patient was aged about thirty-two years, and had been married some ten years. She settled soon after her marriage with her husband at Toledo, where she for the first time, contracted a predisposition to malarial disease, and had ague occasionally, during several years. This form of disease did not so much effect her, as the general disturbance of the secretory, and excretory systems.

About a year after her marriage she gave birth to a healthy child, and within the succeeding seven years, she had three more children. There was often, during this time, inactivity of the functions of the liver, with occasional, or nearly constant pain or uneasiness in the epigastrium running round, towards the right hypochondrium. To these symptoms, may be added, headache, and nearly constant costipation, which indeed, she had labored under through life, pain in the back was nearly unceasing, with a sense of dragging in the pelvic region, piles had also afflicted her to some extent. But the symptom which gave her the most suffering, or uneasiness, was the descent through the vulva, and labia of a tumor, as she called it, that pressed on these parts, and descended below them, when she was standing, and protruded through the labia an inch or more.

Of the true nature of this protrusion she knew nothing, nor did her medical adviser know enough about it, to unravel it to her. One of her physicians, who is distinguished, in one of our great Western cities, only advised our patient to be careful in the way of exercise, believing that the malady was pralapsus uteri. During the time that our patient was treated by this physician, she was occasionally under the direction of a quack of the sugar-pill order, which possibly accounts for the constant costipation which she suffered,

This patient removed to the country two or more years since, and became the patient of another physician, he however, only reiterated the same cautions, that had before been given.

Under these Circumstances she came to cincinnati to consult me with regard to her case. I requested to make an examination of the tumor and the other parts involved in the malady, I found that there was a loose kind of sack projecting from the posterior part of the vagina, which could be drawn down a little without the labia. On this occasion the patient was standing. Not feeling fully satisfied, I made another examination, on the following day, when the patient

was lying. I now felt less of the tumor, than before; I however, introduced the fore-finger, of the left hand into the rectum, and that of the right, into the vagina, I found that the rectum was dilated very much, and projected forward, carrying the posterior wall of the vagina before it, and, of course, when filled with faceal matter, made a tumor that forced itself through the vulva. I now thought, that I understood the case very well, I however, felt some fears after, that I might be mistaken, and feared that possibly, it was a case of perineal hernia, I, therefore, made another examination when the patient was standing, and again put one fore-finger into the rectum, and the other into the vagina, and found that there was no descent of the upper bowels, but that the case was one of rectocele, according to Dr. Ashwell.

The method of cure seemed plain, I directed that the rectum should be relieved of its contents every day by a lavement of cold water, unless there was an action of the bowels either naturally or by medicine once a day. Alterative medicine was prescribed, to both increase the paraistaltic action, and to excite the secretory powers of the liver. The following pills were directed for these purposes.

℞ Mass Hydrarg.
Ipecac Pulv. *a a* gr. xii
M. ft. Pilu. No. vi

one was taken every night, on going to bed, which acted well once or twice. After the first week, but one pill was taken every other night, and on the intermediate day the cold water injection was relied on. This course was continued until the pain in the region of the stomach and side disappeared, and until the alvine discharges had a natural color (for the color had long been too light), and less hard in their composition and more copious. The following pills were then ordered as occasion might require-

℞ Mass Hydrarg. gr. vi
Pulv. Rhei. gr xxiv
Pulv Scamon. gr. xii
Ol. Carui. gtt. vi
M. ft. Pilu. xij. S. one or more at a dose.

This course was persevered in during our patients stay in the city, a period of more than a month, and had the effect of relieving most of her severe symptoms in relation to the abdominal viscera. It was not forgotten, that the patient had long labored under neuralgic pains of the head, and other parts of the system, resulting from malarial causes; a grain of sulph. quinine, was therefore ordered three times a day, during fifteen days; and a repetition of this medicine was directed as often as neuralgic affections returned.

In connection with these remedies it was necessary to pay more attention to the pelvic viscera. The patient had mostly a mild flour albus, for which I directed that injections per-vaginum should be used twice a day, composed of the eighth of a grain of corrosive sublimate to the ounce of water. This prescription gave immediate relief, or, at least, within a few days. Indeed I have found a weak solution of the corrosive sublimate, used as an injection, more advantageous in this malady than any thing I have ever tried. Another matter, however, claimed still greater attention, that was, to prevent by some means the descent of the rectum through the vulva. This I thought could be effected by having an instrument constructed on the plan which has been recommended and adopted with such happy effects in cases where piles could not be retained by the contractile force of the sphincter ani. Instead of the ivory ball attached to the spring, pressing immediately on the anus, I had the spring so formed, that the ball pressed on the perineum. A strap was attached to the spring, and split so that one of the ends could be carried on each side of the labia, and attached to the metalic band that went round the body. All this apparatus was properly padded to prevent abrasion.

The reader will reccollect that this instrument was composed of a flexible steel band that went round the body, the shape of which could be easily altered; the steel rod, or strap, was attached behind to this band, and fitted to the back and perineum with exactness, and then well tempered so

that it would bear constantly, but gently, on the part intended to be supported.

I had it applied and found that it gave great relief, answering my most sanguine expectations. The patient now walked with ease, feeling relieved of the sense of dragging, fullness, and protrusion which had followed her for years. The instrument was not worn at night, nor always during the day, but only when the patient wished to exercise, or felt more comfortable, with, than without it.

My patient returned home with greatly improved health, and I have recently learned that she has since felt but little inconvenience, and feels that her health is in a great measure restored. I impressed upon her attention the importance of being attentive to the condition of her bowels, the action of the liver, and that she should not permit the rectum to become loaded.

The case of vaginal hernia which I propose describing was in a woman about seventy years old. She was moderately corpulent, but took much exercise, as she had been, during a great part of her life, a landlady in a country tavern. During several years her malady had become a serious source of suffering, particularly, when she walked, or lifted, the latter much increased the bulk of the tumor, and of course augmented the suffering.

For some time before I was consulted, a justly distinguished physician, had prescribed for the case. He thought it one of pralapsus uteri, and had introduced a pessary, which failed to give any relief, but on the contrary had increased the suffering.

When I was consulted, I made an examination, and found that the posterior wall of the vagina was carried down through the labia, and spread over a large tumor which had a doughy feel, this protrusion was so great that the mucus membrane covering it, had by abrasion been destroyed over a space of not far from two and a half inches, by two. I even thought that I perceived the muscular fiber left bare. Of

course this surface allowed of no mucus secretion, so that the irritability of the part was very great. This abraded part, was at its union with the mucus membrane apparently about a line lower, the line connecting this abraded portion with the mucus membrane, was very irregular.

When I passed my finger above the tumor, through the vagina, I found the uterus in its proper place, and at once found that the tumor was formed by the carrying forward the posterior wall of the vagina. I pressed moderately on the sack as though I were reducing a hernia, and the contents disappeared, but so soon as the pressure was removed the sack filled again and became quite large. It was now obvious that the case was one of vaginal hernia, the upper bowels forming it; passing behind the womb, and separating the rectum from the posterior wall of the vagina.

Considering the advanced age of the patient, the length of time that had elapsed since the beginning of the disease, and the great size of the tumor, it was obvious, that only mitigation of the patient's sufferings could be hoped for.

I constructed a block of wood two and a half inches long, by two inches wide, it was made a little hollow, or concave on the side next the tumor, and covered with oiled silk, with a little cotton between it and the block. These last were designed to be removed, or retained, as occasion required. This block had a strap attached to it, the posterior end was fastened to a belt buckled round the body, and the anterior end was split in two, and each buckeled to the same belt, to the right and left of the pudenda. This block when fixed to the protuding part, gave considerable relief. Mild ointments were used in dressing the abraded parts, still no permanent cure of the ulcerated surface occurred.

Constant care as to the proper regulation of the bowels, was necessary. This unfortunate patient, however, fell a victim to acute dysentery, which attacked her about three years after my first attendance.

Cannabis Indica in Convulsions. By R. R. McMeens, M. D., Sandusky, Ohio.

As clinical observations are justly considered the most relevant and reliable evidence of remedial efficacy in a medicinal agent, when confirmed by a succession of uniform results, I propose submitting some facts experienced, and the prompt relief afforded by the administration of Cannabis Indica, in the nervous forms of infantile, and other convulsions. I have reference more especially to the neurosthenic and sympathetic character of convulsion, met with during the period of lactation, usually unattended with any prominent vascular disturbance. painful dentition, or important cerebral implication, but obviously excited and sustained by intestinal irritation, induced from vitiated secretion, crude ingesta, or the mere accumulation of flatus in the bowels, which, creating spasm, colic, and general nervous perturbation, soon involves the sensorium commune from existing impressibility, and results in a series of convulsive phenomena, not particularly pernicious or perilous in character, but often extremely persistent and frequent in recurrence, distressing to the parents, and perplexing to the physician.

In such cases, the countenance is usually pale, the surface cool or natural in temperature, the pupils more or less contracted, the pulse frequent and quick, or irregular and feeble, the paroxysms of short duration, but frequent repetition, the child exhibiting in the intervals of repose no perceptible signs of suffering or indications of illness beyond a degree of prostration, or fatigue, seeking its nourishment with avidity, and only becoming emaciated and enfeebled after a prolonged continuance of the repeated returns of the paroxysms. The surface of the abdomen is morbidly moist and cool, and irregularly protuberant, from inflation of different portions of the alimentary canal, produced by the formation of flatus, and retained in consequence of the circular fibers of its muscular tunic being distended beyond their caliber of contraction, and thereby rendered unable to effect its further propulsion, but

yielding to slight manipulation and pressure with an audible degree of borborygmal noise.

Although the primordial causes of this condition may be, in a great measure, corrected or removed, a peculiar habitude to convulsive disorder appears to be engendered, and will continue to recur upon the slightest provocation, or without any appreciable cause whatever.

Having encountered four cases of this character, in my practice, which yielded so speedily and permanently to the influence of Cannabis Indica, and in one of them, after all other measures had failed to intercept or control the convulsions, I am impelled to give a description of the cases, and thus call the attention of the profession to a further trial of its virtues, as I have been unable to find any favorable notice or especial recommendation of the article, beyond the mention made in the last edition of the United States Dispensatory.

The most interesting and obstinate case of convulsions of the peculiar nature just described, that I have ever met with, and in which I had ever witnessed the operation of the medicine, occurred in a female child of about seven weeks of age, in 1850, at this place, which had been for some days under the care of Dr. Tilden, with whom I was called in consultation, and the convulsions continued to recur every ten, fifteen to thirty minutes, in daytime and night, for fifteen consecutive days thereafter. The longest interval between the paroxysms, at any time, was not over the extent of an hour. All the ordinary measures recommended, and all that our combined ingenuity could devise, failed to arrest or control the affection. Aperients, alteratives, anti-spasmodics, antacids, and anodynes of every character and combination, were ineffectually administered. Carminatives, correctives, corroborants and placibos were successively tried. Assafœtida and other injections given. Applications of brandy and garlic, warm baths, and abdominal bandaging, change of nurses and nourishment, ferruginous preparations, the introduction

and which condition continued, to a sensible degree, after the subsidence of the paroxysms. There was also an evident tenderness of the abdomen to the slightest pressure, which was apparently aggravated upon the least change of posture, as was evinced from its violent and distressing cries upon any movement. After the action of an aperient, the convulsions would disappear for two or three days, when the derangement and distension of the bowels would again ensue, followed by another series of convulsions. After treating the case with the measures before alluded to, I at once resorted to the use of the Cannabis Indica, incorporated in the syrup of rhubarb, and continued it at regular periods for some time, increasing the dose upon any manifestation of the convulsions, and upon their cessation, returning to its former adhibition. Under this treatment, not only the convulsions disappeared, but a more general diffusion of innervation was evident, and the restoration of the natural functions of the bowels secured; and the patient passed through a painful dentition subsequently, without any demonstration of convulsive action.

The next subject to which I addressed the same remedy, was a plump, plethoric little girl, about three years of age, who had suffered throughout the summer of '54, from a biliodynamic form of diarrhea, approximating closely at times to dysentery, the result of an acute attack early in the spring. She had become greatly reduced, and extremely irritable, from its long continuance, and at last eventuated in a series of occasional convulsions, experiencing as many as five or six paroxysms consecutively upon each occurrence. She had been upon the use of mercurial alteratives occasionally, with Hope's mixture, and regulated diet for some time. After several returns of the convulsions, and an increasing aptitude becoming apparent, I determined to try the hemp, and left it in charge of the mother, with directions, to administer it upon the encroaching symptoms, which had been marked in her case by an uncontrollable irascibility and nervous excitement, with twitching of the facial muscles and general agitation.

This was accordingly done, and the convulsions were completely controlled upon several distinct attempts to return, and have not reappeared since that time.

The fourth instance, in which its power of controlling convulsive movements was clearly manifested, was that of a puny little pauper girl, about four and a half years old. She had been subject to repeated attacks of an ill-defined convulsive character for some time, induced apparently from a state of general depravation of system, presenting a peculiar cachectic appearance, living in extreme indigence, and suffering from the want of suitable nourishment and apparel. The nature of the convulsive action was not clearly expressed in this case, differing materially in their symptoms and degree of severity. Sometimes closely resembling a cataleptic condition; at others, more of a hysterical character. I at once instituted an improved regimen, and prescribed a course of tonic medication, meeting any disposition or display of convulsions by the rapid administration of the hemp, which controlled their progress completely, restraining muscular movement, producing general relaxation, and inducing a quiet and undisturbed slumber. After encountering two or three dispositions of this kind, they passed away without any further recurrence, and her health became ordinarily good, her spirits cheerful and happy, and have remained so to this time.

I have also administered the hemp in several conditions of nervous disorder with more or less benefit, but not sufficiently attested for further promulgation.

But from the exemplifications of its action observed in the cases just detailed, I view it as an agent possessing properties of peculiar adaptation to the existing indications from the pleasant inebriancy it produces, the prompt influence it exerts over the motor system, and the diffusion of excitement and general relaxation it establishes, thus subverting all sympathetic complications, and restoring nervous composure and quietude, without impairing the appetite, checking secretion, or constipating the bowels.

Case of Traumatic Emphysema. By EDWIN R. MAXSON, M. D., of Geneva, N. Y.

The following case of traumatic emphysema, which fell under my observation a few days since, I have thought might be of interest to the readers of your excellent journal.

Though the subject of this case was not my patient, I was called to assist in the post mortem examination, and gathered from those in attendance the most important symptoms, and the order in which they were developed.

It appears that the subject of this affection (Mr. G.) was a man of about sixty years of age, tall, with a broad chest, and well formed; a shoemaker by trade. He was a man of intemperate habits, and had for two weeks previous to the attack, which terminated fatally, been drinking excessively; and, though he had kept at his work most of the time, he had vomited more or less each day, and finally, had obstinate constipation of the bowels, with desperate ineffectual efforts at stool, as well as ineffectual efforts at vomiting; during which, he became distressed for breath; the dyspnœa increasing, with gradual shortening of the breath, for about twelve hours, when he ceased to breathe.

Soon after the desperate ineffectual effort at stool, and also at vomiting, and as the dyspnœa increased, a fullness of the neck was discovered by those in attendance; and, this fullness continued to increase till his efforts at respiration ceased.

This fullness of the neck was sufficient to render the skin quite tense in the anterior and lateral regions, extending from the clavicle to the face; and there was a slight fullness of the face, as well as the superior and anterior portions of the chest, or the infraclavicular, and superior sternal regions.

Such was the appearance of the body when I first saw it, a few hours after death; and such were the symptoms which were developed in the case, according to the best information I could gather from those in attendance.

After gathering these facts, I proceeded to examine the distended portion of the neck, by palpation, and found a

crepitating feel, which gave unmistakable evidence of air in the cellular tissue, as the cause of the distension.

Suspecting that there had been an escape of air from the trachea, bronchial tubes, or air cells, we proceeded to the examination, by removing the sternum; and thus laying open the cavity of the chest.

The whole anterior portion of the cavity of the thorax was filled with what, at first, appeared to be the lungs, firmly adhering to the diaphragm, mediastinum, and anterior parietes of the chest; but, which was really the anterior mediastinum, and its cellular tissue, together with the cellular capsule, covering the remains of the thymus gland, all of which were so enormously distended with air as to nearly fill the middle and anterior portion of the cavity of the chest.

On removing this distended mass, the lungs were discovered collapsed, contracted, and of a firm hepatic feel, and occupying the posterior part of the cavity of the thorax.

On hauling out the lungs they were found to contain no air, and were nearly black, from the excess of carbon in the venous blood which they contained, as was proved by squeezing out the blood in small portions, when the natural color of the part was restored.

By a careful examination of the roots of the lungs, quite an extensive rupture of the air-cells and interlobular cellular tissue was discovered, through which the air escaped from the bronchial tubes, into the anterior mediastinum, producing the enormous distension of its cellular tissue; and which extending, produced the emphysema of the neck, face, and superior thoracic region.

Now, it is evident, in this case, that the distension of the mediastinum with air, gradually prevented the formation of a vacuum in the chest, during each effort at inspiration, in consequence of which, the lungs gradually received less and less air, till finally, respiration entirely ceased, leaving the lungs collapsed, and filled with dark venous blood; and, this idea is further rendered certain, by the fact that, for several

hours before his death he made frequent ineffectual efforts to spit; from a want of sufficient air in the lungs to expel the saliva from the mouth, with the best effort he could make.

It is probable, also, that the rupture of the air-cells and interlobular cellular tissue, and consequent emphysema, in this case, was produced by the desperate ineffectual effort at stool, or at vomiting, which occurred just before the dyspnœa made its appearance; either of which may have produced the rupture which led to the fatal result, in the manner which I have described.

The obstinate constipation, in this case, was produced, as was discovered by the examination, by a permanent stricture of the colon; the transverse, and a part of the ascending and descending portions being so contracted as barely to admit the little finger; the result, probably of the poisonous effects of lead, as he had formerly worked in the lead mines.

Geneva, N. Y., March 20, 1856,

Case of Amaurosis relieved by Cataract Operation. By G. A. KUNKLER, M. D., Madison Ind.

In the month of August 1855, I was consulted by Mr. B——, a Swiss farmer, residing in my vicinity, for an affection of his eyes. The patient is a strong healthy man, aged about 47 years, and of a plethoric diathesis. Some four years ago, he was injured by a horse kicking him upon the head above the right eye brow, which was followed by violent inflammation of the right eye, he recovered from this, and in the course of the same year, noticed that he was rapidly losing the sight of this eye, until, at last, it was extinct. He paid no attention to it until about five months before consulting me, when he noticed that he was also losing vision in the left eye, and when seen by me he required to be led by another person.

On examination, a fully developed lenticular cataract was discovered in one eye and amaurosis in the other. I at once

proposed an operation, which was readily accepted by the patient. Accordingly, on the 12th September, the patient having been thoroughly prepared for a week previous, I proceeded to remove the cataract by extraction; which was successfully performed, chloroform being used, and the upper section of the cornea made. The inflammatory excitement which supervened was exceedingly violent, but was readily subdued by the proper antiphlogistic measures, the wound of the cornea healed at once by first intention, and on the 15th day he was allowed to use the eye in a moderately lighted room. On the sixth day after operating, the patient began to remark that he saw quite distinctly with the amanurotic eye; and after allowing him to go out, it was fully confirmed, the eye having almost regained its natural power. The sight of the operated eye was also very good; the focus of the two eyes was, however, so different, that for a while he was compelled to keep one eye closed in walking abroad, but after procuring carefully adjusted glasses, he had no more trouble, and enjoyed comparatively good sight.

A somewhat similar curious case came under my observation during the spring of 1853; it was in a young man, aged 24, a music teacher, who was affected with lenticular cataract; which I suppose was a consequence of syphilitic iritis. The cataract was couched by myself, and the patient lost the eye, by not paying any attention whatever to the strict instructions which he received regarding regimen. The inflammation which followed completly disorganizing the deeper structures of the eye. This patient noticed, after he got well, that the sight of the other eye was improved in a surprising manner. Before, he had not been able to read common print, if it was removed more than four inches frem the eye; while now he was enabled to read at a distance of sixteen inches with perfect ease, and without any fatigue to the eye whatever.

REMARKS.—The above detailed cases present several points of interest; and in part pretty clearly show the impropriety of the custom which many surgeons adhere to, that when

a person has a fully developed cataract in one eye, and vision, or only partial vision, in the other one, to postpone the operation until the other is also dark. This custom is undoubtedly wrong, for it has been repeatedly observed, that if an eye affected with cataract becomes subject to an accidental inflammation, it is strongly disposed to become amauratic, and further the retina losing its vigor by the permanent exclusion of light. It is further not unfrequent that in persons who have a predisposition to amaurosis, we find that if they are affected with cataract in one eye, that the other gradually becomes amauratic, of which the above cases furnish evidence. In such cases the operation is imperatively demanded.

One of the chief objections urged against operating on only one eye is, that the focus of the one eye will differ from the other, and confusion of vision, or double vision, will be the consequence. This, however, can be easily remedied by the use of carefully adjusted lenses. These are points well meriting the the consideration of every scientific surgeon.

Removal of the entire Clavicle. By GEORGE C. BLACKMAN, M. D., Professor of Surgery in the Medical College of Ohio, and Surgeon of the Commercial Hospital, Cincinnati.

On the first of the present month (May), in consultation with his family physician, Dr. Wm. Wood, I saw Mr. J. B., *aet* 42, who had suffered from caries of the clavicle for more than a year. The first fistulous opening formed near the junction of the outer with the inner third of the bone, and just within this point it seemed excavated and expanded to a considerable extent. From its inferior margin there was a sharp and ragged bony projection which proved to be a true exostosis. About an inch external to the sterno-clavicular articulation, there was a second fistulous opening through which a considerable quantity of matter was daily discharged. The adjacent integuments were of an unhealthy aspect, presenting every indication of extensive disease at the articulation.

Assisted by Drs. Wood, Gray, and my pupil, Mr. Jones, I proceeded at once to the removal of the bone. The patient having been brought under the influence of a mixture of chloroform and ether. I commenced my incision about the middle of the sternum, and carried it to the external fistulous opening. Great care was taken in isolating the bone from its important connections, and it was divided with a saw at the point above indicated, with the hope that the external third might be saved. On a more careful examination of the latter. however, it was found to be in an unsound condition, and was removed to its junction with the acromion. The inter-articular cartilage at the sterno-clavicular articulation was softened, and a considerable portion of it had disappeared. The internal third of the bone was disorganized beyond the power of reparation or of removal, unassisted by art. The operation being completed, a little lint was introduced, the integuments brought together, and the whole neatly dressed by Dr. Wood, under whose skillful attentions the patient was enabled in ten days to attend to his business. Three weeks have now elapsed since the operation, and not an unpleasant symptom has appeared; nor are there any indications of the extension of the malady to the sternum.

On the Non-contagiousness of Chalera Asiatica. By THOMAS R. W. JEFFRAY, M. D.

Continued from the Feb. No. of the Western Lancet, 1856.

The absurdity of the conclusions which results from admitting contagious matter to be the cause of epidemic cholera, could not have been overlooked till now, if the existence of such a source had not been taken for granted, that even to call in question the truth of it, must to many have the appearance of skepticism.

But I shall endeavor to deduce my conclusions from such undoubted facts as ought, perhaps to exempt me from that imputation.

During the prevalence of epidemic cholera, it is a well known fact, that nurses, and other attendants upon the sick, are not more liable to be effected than other people who undergo an equal degree of fatigue.

It may perhaps be said, that they become habituated to the contagion.

But how do they escape the first application of it. They have not then got the habit? No person of that description caught the infection from those who died or were sick of said disease in 1849, at the Newport Barracks Hospital, and I think that the quarterly report of sick and wounded, ending September, 1849, will show upwards of one hundred cases of well developed Cholera Asiatica. Now, if contagion is the propagator of the disease, how will this be accounted for?

If there is contagion generated by *Cholera Asiatica* in its visitations here, as well as elsewhere, I conceive that it would like all infectious diseases produce similar results. Indeed I conceive that it could not produce a disease less uniform in its appearance than small-pox or measles.

But this epidemic, in its visitations, has by close observers been found to produce dissimilar symptoms in different persons, that I feel confident that they cannot be the effect of any power equal and uniform in its operations.

That the symptoms are not alike, in every individual attacked by the disease, I think will be readily admitted by all who have had any experience in the disease.

Hence the difference of opinions amongst physicians in our country.

Like wine, opium, and calomel, a specific choleraic contagion must produce the same results, the world over, all other things being equal. But this is not so, for the disease in differents parts of the world, assumes different symptoms, while those of diseases, that are undoubtedly contagious, such as small-pox, measles, etc., are the same in all. Wine will intoxicate, cathartics will purge, calomel will salivate, in all countries. They will produce their effect upon almost all

men, certainly, upon all men in health. Those only who are in a state of disease, higher in degree than these powers can produce, will resist the operation. It is I believe, so far as I am able to ascertain, impossible to salivate an individual whose liver is in a state of supuration, by the largest amount of mercurials that can be given. No quantity of wine, within limit, will intoxicate a person ill of typhus fever, without first having cured the disease. But this proportion may be as one to an hundred. Such would be the proportion, perhaps also, that would escape from the contagion of epidemic cholera, if it was contagious. It is common, however, for men in health to come in contact with the sick and to escape. In those cases contagion must have been applied without producing its imputed effects.

Another fact worthy of notice is, that aged persons and children, are both seldomer, and less severly attacked by epidemic cholera, than the young and middle aged, and women seldomer, and less severely than men.

Now if contagion was the source of this disease, the case would be exactly reversed. Old people woman and children being more in the way of contagion, would be more frequently and more severely attacked. But the young and middled aged, being more exposed to the vicissitudes of the atmosphere, the principal source, as I shall afterwards endeavor to show, of this disease than aged persons and children, and men more than woman, they are consequently more severely attacked.

Query. Will a person removed, during the visitation of epidmic, cholera (and laboring under the disease), from the atmosphere which occasioned it, into one more pure, communicate the infection. I think not; not at least, so far as my observations go. I will refer to some cases for proof. On the 21st of September, 1851, I went to bed about 11 o'clock, P. M., having at that time charge of the United States Hospital, at Newport Barracks, Kentucky, there was between twenty-five and thirty-five patients in the wards then, but not a single cholera patient, nor even a symptom of the dis-

case. But that night about one o'clock, there arrived a detachment of recruits from *Carlisle Barracks, Pa.*, which were quartered in the same building, with the troops at the post, making in all about 700 men, and before sunrise, on the morning of the 22d of September, there were eleven cases of cholera, and two deaths from amongst the new arrivals, and the disease continued to increase, with alarming rapidity, so much so, that during the next ten days we had upwards of 500 cases of well developed cholera Asiatica. Now here is a fact worthy of notice, that, not a single case, one excepted, amongst the regular troops that had been at the post, nor did one solitary case occur amongst the nurses and attendants that waited on them that were sick. But Surgeon, B. M. Byrne, who was then also at the Post, shouted—contagion! contagion! and when he thus reported it to the Surgeon General's office, I withheld from making any remarks, when he carried me the report for me to do so. Another report I have to make on this point, I have frequently from necessity put patients reported sick with other disease into the beds where the patients sick with cholera died, and out of numerous cases thus placed in beds wet with perspiration of those who died with cholera, I never saw one solitary case of cholera spring up. How is this accounted for? But on the contrary, I have seen the same man brought back to the hospital after coming within the range of choleraic atmosphere, three times during one visitation of the disease.

Another fact I think worthy of notice, out of two lines of tents having a very short space between them, I have seen several cases occur in one range, whilst not one occurred in the other. If contagion is the propegator of the disease, how is this accounted for?

Another case in point,—a young man during last summer came to this neighborhood to teach school, and put up with the Rev. G. B. Armstrong, and on the day after is arrival he sickened with cholera Asiatica, and died in a few hours. And out of all those that waited upon him, and were round his bed

and in his room, not an other case occurred. If contagious how is this accounted for?

But I must close at present, and will resume the subject again, when the article in the April number will receive my special attention as far as it needs it.

Proceedings of Societies.

Monthly Proceedings of the Cincinnati Medical Society. Reported by J. R. Atkins, M. D., Rec. Sec.

Society met at the residence of Dr. T. Wood. Vice President in the chair. The minutes of the last meeting were read and approved.

The Essay was read by Dr. A. T. Keyt, on Opium and some of its therapeutic relations.

OPIUM IN SOME OF ITS THERAPEUTIC RELATIONS.

There is no article of the materia medica possessed of as varied and important powers as Opium. Its use as a remedial agent dates back to a remote period, and in all subsequent ages of medical history it has probably held an important rank among therapeutic means. It has been the lot of many proposed remedies to come into favor with the profession, maintain that favor for a time, and then sink into oblivion; they could not stand the test of experience. Not so with Opium; the estimation of whose virtues has not diminished with time and trial, as the frequency and confidence with which it is prescribed at the present day sufficiently evince.

Opium is classed as a stimulant narcotic. This, though true, is far from conveying an adequate idea of the extent and

variety of its remedial powers. It may be described as distinctly *soporific*, *anodyne*, *stimulant*, *sedative*, *anti-spasmodic*, *diaphoretic*, *astringent*, and endowed with the property, perhaps not strictly referrible to any of those just named, of *allaying general and local irritations*. Each of these indications the medicine is eminently adapted to fulfill. No agent can compare with this in the power of producing sleep; and this opens up an extensive applicability, for in many disorders the induction of sleep is of the greatest consideration. In the property of relieving pain, Opium stands unequaled. Here, then, is presented an extensive field for its use, and with a certainty of result that is truly gratifying to the physician, and comfortable to the sufferer. In those painful and incurable maladies, this anodyne affords the only solace; and there is scarcely a disease in the course of whose treatment it is not occasionally demanded for the purpose of allaying pain; and, besides, there is undoubted evidence that certain painful complaints are cured through its agency in subduing this important pathological element.

Opium in its primary action is excitant. This effect may be *sustained* by the administration of small doses at short intervals. Its operation as a stimulant is peculiarly pervasive, extending not only to the nervous and vascular centers, but the most distant parts of the system being brought distinctly under its influence. I have reference here to the action of the medicine upon the capillary system of vessels, the energy of which is thereby promoted in a very remarkable manner. It may not be uninteresting to cite a few proposed illustrations of this variety of stimulating effects of Opium. First, then, the heat of the body is augmented under its use to an extent disproportionate to the amount of general stimulus. There are other stimulants that excite more powerfully the heart and arteries, but these, perhaps, do not equal the one under consideration in the power of increasing animal temperature. This increased heat produced by Opium must be owing mainly to a stimulus imparted to the capillaries. Sec-

ondly, a sense of itching and pricking in the skin is not unfrequently experienced as an effect of Opium, and sometimes these sensations are attended with an eruption. This, too, would seem to favor the idea that some stimulant influence pervades the capillaries. Thirdly, surgeons very generally are impressed with the efficacy of Opium in senile gangrene. Pott considered it a specific for this disease. It may, however, be considered as well established, that in this condition it is a remedy of very considerable power. What, then, is the mode of its action? The only plausible and sufficient explanation is to be found in the impulse which is communicated to the extreme circulation through this special action of the remedy. Fourthly, as another illustration, may be mentioned the result of a plan pursued by Mr. Skey, of St. Bartholomew's Hospital, in the treatment of indolent ulcers, and especially those of the lower extremities. The plan is simply by the internal administration of Opium. He states that the treatment is very successful: that in forty-eight hours or less from its commencement, the aspect of an ulcer becomes entirely changed, exhibiting signs of life and reparative action. The result he attributes to the stimulus that is imparted to the capillary circulation under which healthy granulations proceed. This gentleman remarks: "There is no drug, simple or composite, known to our pharmacologists that possesses an equal power with Opium, of giving energy to the capillary system of arteries, of promoting animal warmth, and thus maintaining an equable balance of the circulation throughout the body." A general stimulating action is unanimously awarded to Opium; but the idea of a special activity being communicated by it to the system of minute vessels, has not attracted the notice of physicians to any considerable extent; nevertheless, of the existence of this action I feel perfectly assured; and hereafter, in the course of the paper, I shall call this idea to my assistance in treating of the propriety of the use of Opium in a certain disease. This combination, then, of stimulating power would

lead us *a priori* to expect that the medicine would be well adapted to the treatment of low forms of disease in which there is especially present a languid capillary circulation; and at the same time an explanation is afforded of the benefit that is known to accrue from the use of Opium in this class of diseases.

The subsequent effect of a dose of Opium is *sedative*; and when it is given in adequate doses at appropriate intervals, an important sedative influence on the nervous and vascular systems may thus be maintained. The capability of fulfilling this indication renders the drug a valuable agent in the treatment of the phlegmasia, as well as those conditions characterized by morbid nervous excitement.

The *anti-spasmodic* property of Opium is very manifest. Here a large class of affections present themselves, in which this medicine becomes the chief remedy by virtue of its power of relaxing spasm, and controlling irregular muscular movements.

No single drug is more surely and efficiently *diaphoretic* than Opium, and when it is given in conjunction with ipicac or antimony, we have a combination of surpassing power. When we reflect how frequent and important in practice comes the indication to promote the secretion of the skin, it is a source of satisfaction that we have in this agent so sure a means of carrying out that indication.

Opium is *astringent*, or, in other words, possesses the property of arresting morbid discharges. It seems to exert its greatest control over the discharges from mucous surfaces. It is considered to diminish all the secretion except that from the skin. The arrest of morbid discharges is probably owing partly to a direct astringent action, and partly to the muscular quietus that is maintained. By virtue in the main to this property, Opium becomes eminently serviceable in hemorrhages, and that class of affections distinguished by excessive secretion, many of which are of frequent occurrence.

The property of *subduing irritation*, general and local, is

one of great significance: hence its use in composing restlessness, quieting cough, relieving nausea, allaying irritability of the stomach, subduing inordinate peristaltic action, etc., etc.

In a resume thus, of the therapeutic properties of Opium, at once, numerous, distinct, diversified, and yet harmonious the wonder is that one single drug should possess them all; for richness and variety of endowments and uses, we are furnished with no other example that can begin to compare with it. But while these are the effects that may ordinarily be expected to follow the right use of the remedy, we are reminded on the other hand, that certain unpleasant consequences ensue upon it. These vary from a feeling of slight anorexy and depression, to symptoms of tone poisoning, as nausea, vomiting, spasm of the stomach, vertigo, delirium, convulsions. Occasionally the physician is wholly disappointed in the effect of the medicine; he gives it to compose restlessness, and the restlessness is increased; he administers it as a soporific, and he is confronted with obstinate watchfulness; he hopes by it to allay nausea and vomiting, and these symptoms are materially aggravated. Susceptibility to the action of Opium varies greatly with different persons, and with the same persons in different circumstances: thus, while one cannot take a drachm of *paregoric* without suffering great inconvenience, another without any training habit can bear the same quantity of *laudanum* with less disturbance. Habit greatly modifies susceptibility; so that there are instances of enormous quantities being taken with impunity by persons who had become accustomed to gradually increased doses. The nature of the disease also modifies susceptibility. Where pain or excessive irritability is a predominant element, large doses are borne without the supervention of narcotism, much larger than the subject could bear if in a state of health, or affected with some other form of disease. It is well known, likewise, that infants cannot bear a proportionate dose as well as adults; and that females are more easily affected by it than males.

I shall now proceed to the consideration of the practical employment of Opium in certain individual diseases.

In *diarrhea*, in its several forms, there are symptoms and conditions present that would point to a medicine possessing the properties of Opium as *the remedy*. The pain, the irritability of the intestinal tube, the profuse discharges are in fact more amenable to this than any other medicine. It is seldom indeed that a contraindication to its use exists. In an ordinary diarrhea demanding treatment, I do not call any to mind unless it be an idiosyncrasy; the presence of inflammation is no impediment, because in enteritis this is a valuable remedy. *It undoubtedly possesses the claim of a more extended applicability than any other single article; and I do not know that it would be too much to say, any combination of articles excluding of this.* In the ordinary course of practice there is no remedy for any disease that I prescribe with a more sanguine expectation of resulting benefit, than *Opium in diarrhea*. In many cases this, in some of its forms, constitutes the only medicine required; in other cases, however, its conjunction with other substances conduces materially to the cure; as, with antacids, where there are evidences of acidity in the prima viæ; with mercurials, where there is deranged secretion; with ipicac, where there is febrile excitement; with astringents proper, where there is a loss of tone in the bowel; with carminatives, where there is flatulence; with or subsequent to the operation of aperients, where it is probable there are retained offending matters. Or as we frequently meet with cases in which two or more of the above conditions are present, it becomes proper to use a corresponding combination of remedies. In a word, my prescriptions in this common and many times troublesome disease, to give satisfaction to myself and patients, as a general thing, must either consist of some preparation of Opium, or contain it as a leading ingredient.

In dysentery the medicine is extensively prescribed. From the nature of this complaint, and a knowledge of the proper-

ties of Opium, it would be naturally inferred that the latter would stand in the relation of an important remedy to the former, and experience proves this to be the case. The relief under its use to the urgent symptoms, tormina and tenesmus, is prompt and decided. No other agent can compare with it in the power of subduing these distressing symptoms. This were of invaluable consideration if the action of the remedy went no father. But that Opium *cures* dysentery, there can be no question; *and that it is capable of curing more cases than all other proposed remedies together, is a proposition to which I fully assent.* It is well known that blood-letting is of very limited application, the teaching of our books to the contrary, notwithstanding. Calomel will not succeed unless conjoined with Opium; the treatment by hydrogogue cathartics is fraught with more evil than good. Both theory and experience concur in fixing upon Opium as the remedy for the subdual of this disease. From the nature, though, of the individual case, or the prevailing type of disease, other measures in conjunction are often called for; thus depletion may be useful where the symptoms are acute, and the patient robust; calomel, where there is billiary derangement; ipecac, where the skin is dry and hot, and there is an absence of nausea; laxatives, where there is an absence unduly prolonged of feculent discharges. Opium acts in beautiful harmony with any such measure that may be rationally indicated, and promises to be of signal benefit in every variety of the disease. To secure its full advantage, it must be freely given by the mouth or rectum, or both. Our guide may be the comfort of the patient on the one hand, and narcotism on the other. Perhaps a good rule is to use it to the extent of maintaining slight narcotism until the symptoms materially abate. Thus used, it becomes pre-eminently curative. A great difficulty, I encounter in practice, is to treat favorably a case of severe dysentery in which this remedy, in any form, cannot be borne because of an abiding and persistent idiosyncrasy to its action; thus deprived of my sheet

anchor, I feel that my patient will be left too much at the mercy of the disease; and that the most assiduous employment of all other means will not compensate for the want of this. I would that I knew how this difficulty could be successfully obviated.

Cholera morbus finds in Opium its most reliable remedy. The pain, spasms, irritability of the stomach, profuse alvine discharges, would indicate this medicine as the one most likely to afford relief; and accordingly it is almost universally prescribed by the profession in this disorder. Indeed, in the generality of cases, Opium, combined with calomel, is the only medicine the stomach will retain; and thus we are compelled, as it were, to fall back upon the treatment which the nature of the disease indicates, and experience proves, as best calculated to relieve the symptoms and conduct to a cure.

I come now to consider the employment of the article in a malady, the treatment of which is yet largely imbued with great empiricism and hap-hazard. Notwithstanding the vast opportunities which physicians have had for the last several years for the practical study of *cholera*, its treatment now may be said to rest on no more uniformity than when the question was first sprung upon the mind of the profession. Much of this discrepancy, I think, arises from physicians seeking to accomplish more than the nature of the disease will admit of. We may reasonably conclude that cholera, once raging as an epidemic, will ever be a most fatal disease, in spite of whatever treatment may be resorted to; and if medical men would content themselves to settle down upon general principles in the treatment, I venture that both humanity and the cause of medical science would be the gainer. A specific for cholera is out of the question; a treatment conducted upon general principles, assiduously applied, yields the greatest hope of success. The question then presents itself: is Opium a useful medicine in cholera? The importance of this question is immediately apparent; and in order to facilitate its consideration, I shall pass in review the more prominent phe-

nomena of the disease, and see if we derive therefrom a rational indication for the use of the remedy.

First, then, there is *the premonitary diarrhea*, the distinguishing feature of which is that it differs in no observable important particular from ordinary diarrhea, and as Opium is the remedy *par excellence* in the one, there follows, as a consequence, a natural expectation that it would be a successful medicine in the other.

Secondly, *the choleric stage with its characteristic symptoms.* Here we have irritability of the stomach, excessive and incessant peristaltic action of the bowels, copious discharges from the intestinal mucus membrane, torturing cramps extreme restlessness. Now here is certainly presented an assemblage of conditions which individually and collectively point to the same remedy, Opium. What medicine is most reliable in irritability of the stomach? What agent is best adapted to allay inordinate peristaltic action? What drug is very useful in controlling excessive discharges from the mucus coat of the alimentary canal? What remedy is well calculated to relieve painful cramps? What substance, above all others, will compose restlessness? The ready and true reply to each and all these inquiries is, Opium. Whenever one or more of these symptoms is presented in severity or persistence in the course of other diseases, the mind of the practitioner at once reverts to this as the surest remedy; and this confidence is the result of experience in connection with a rational therapeutic guidance. There can be no reason in the nature of the case, that the approved remedy for these phenomena in general, should not be an approved remedy for the same when occurring in their especial, intense and associated form in cholera. We would be led, then, *a priori*, to expect great benefit from the use of Opium in the choleric stage.

Thirdly, *the phenomena of collapse.* In this stage, in addition to more or less of the symptoms of the preceeding, we have as a distinguishing feature, failure of the circulation,

central and peripheric, and the attendant coldness, blueness and shrunken aspect of the surface. There is also an evidently depressed nervous action, but the true pathological position of this I shall not now attempt to define. The failure of the circulation in the capillaries is a striking and important phenomenon; its significance may be estimated to some extent by a consideration of the important functions that are dependent for their maintenance upon the integrity of this action; thus, nutrition, secretion, absorption, calorification, and, in considerable part, the changes comprised under the term *arterialization of the blood*. Under the capillary failure that obtains in collapse these great functions are prostrate or but very imperfectly carried on. Whether this retardation is owing entirely to the diminished tenuity of the blood, or partly to an impression more directly of the *materies morbi*, does not materially concern my present purpose to discuss. The impeded circulation, however, through the pulmonary capillaries, I consider of primary import in explaining the phenomena of asphyxia so strikingly displayed. It is evident that the grand indication here is to arouse the failing action of the heart and arteries, and nervous system, and especially to invigorate the capillary circulation; and this indication is to be fulfilled without the use of agents that will add to the irritation of the already greatly irritated mucous membrane of the stomach and bowels. Great harm in this way may be done by the administration of irritating stimulants. Is there any remedy of a *soothing* character that is endowed with stimulating a power over the circulation and nervous function in general, and over the capillaries in particular? There is one which answers these requirements, and I believe no other substance can compare with it in this combination of properties. Other stimulants spend their force locally, and upon the nervous and vascular centers; this *soothes* local irritation, and while it excites duly the central organs, it acts in a special manner upon the distant parts of the system. The article to which I refer, of course is Opium,

given so as to secure its stimulating operation, and never to the extent of producing narcotism. Used in such manner, and with such a view, we may rationally expect marked benefit from it in the collapse of cholera.

But what are the results of experience in relation to this subject. Experience has proved one thing, and that is, Opium has been very much abused in cholera. It has also proved that, judiciously administered, it is a remedy of great value. The method of treatment by calomel and Opium, in small doses, repeated at short intervals, as *a basis*, is not only the most rational method, but the success which attends its application in practice is eminently fair. Of the efficacy of the preparations of Opium in the stage of premonitory diarrhea, the results of practice abundantly prove. The almost universality with which they are prescribed in some combination or other, evinces a confidence in their controlling influence based on nothing less than experience. Also the evidence from experience of the utility of Opium in mitigating the severe symptoms of the second stage is sufficiently conclusive. Even those who dread its ultimate effects acknowledge that under its use the vomiting, purging, cramps, &c., become, in a greater or less degree, allayed; (and it is certainly a reasonable influence that whatever produces such mitigation, unless it exert some deleterious impression which would counteract the good, is not only mitigative, but curative in its tendency).

The plan of giving this medicine as a stimulant in the collapse stage, has not been extensively pursued. When given in this stage it has generally been with the view to its control over the symptoms of the choleric stage which had continued after collapse had set in. An able and experienced physician of our city, however, in '49 and '50 gave Opium in small and frequently repeated doses, in combination with calomel, and he carried the former far into, if not throughout, the stage of collapse. The result of the treatment he considered very successful under the unfavorable circumstances

in which patients come into the hands of a physician during a raging epidemic. In 29 cases of pure collapse, 19 were carried into the reactive stage, of which number, 7 died, and 12 recovered, a result, it must be acknowledged, as at least quite respectable.

The success of Dr. Ayre, of Hull, in the treatment of collapse, is frequently referred to as remarkable, and in all probability it has never been equaled: and as in his method, *laudanum* was given with the calomel, it must not be omitted in an estimation of the result of the practice. One drop of this liquid every five minutes, would, at first sight, seem like small medication, yet in an hour, at that rate, equivalent to a half grain of Opium would be taken, and this quantity continuously every hour would illustrate the amount of Opium taken by this physician's patients: surely an amount sufficient to have an effect, and contribute to the favorable result.

My own experience (to which I would humbly refer), with opium in this stage has been such as to convince me, that judiciously used, it tends to sustain the sinking powers of life and render re-action more likely to ensue.

From the foregoing views, it will be seen that we consider opium in its judicious administration as applicable to the treatment of cholera in all its stages, except the reactive: that we believe a sound therapeutic induction as well as the dictates of experience are in its favor. We will now devote a moments consideration to the question; does the appropriate use of opium in the antecedent stages of cholera exert an unfavorable impression upon the consecutive or reactive stage? The danger of this stage is usually estimated as in proportion to the amount of cerebral disturbance. It is a well ascertained fact, that this disturbance of the brain is a part of the phenomena of the disease; that it is more or less manifest in almost all cases where re-action has succeeded collapse, whether in these cases there has been medication or not; and in this connection I will mention, that some of the most marked cases of cerebral disturbance that I have ever witnessed,

have been where opium could have had no agency in their production. It is, therefore, highly probable, that part of the opposition to opium in cholera has arisen from attributing to the effects of the medicine what properly belongs to the disease. Another source of this opposition is, that the results of the *abuse* have been confounded with those of the judicious *use* of the remedy. While we admit that great evil may here follow the improper use of the article, we claim that the chances of harm that appertain to its discriminating employment, are as inconsiderable and remote in this, as in any other disease in which it is clearly indicated.

The view that opium, when used with care, increases the tendency to cerebral disturbance, we think will not stand the test of investigation and experience; and we will go so far as to intimate that such tendency may be rather diminished than increased by such medication. By virtue of the power, resident in the drug, of sustaining and equalizing nervous and vascular action, and of promoting in a special manner the capillary circulation, the brain under such stimulus may be more likely to maintain its integrity of structure and function during the struggle of collapse, and when re-action supervenes, be better prepared to withstand the purterbation of this stage, and thus be less likely to be the seat of concentrated morbid action. If opium, as we have insisted, modify favorably the preceding course of the disease, then the stage of excitement will be accordingly modified; for, where there is no cold stage, there are but slight symptoms of excitement following, and as a general rule, in proportion as the duration and intensity of the collapse will be the severity of the re-action. There is usually a slow emergence from collapse into the succeeding febrile stage; so that with due attention, the point at which the opium is to be discontinued is easily ascertained, then as a considerable interval elapses between this point and the height of re-action, the danger of continuing the medicine too long, and thereby prejudicing the brain need not obtain.

Now to recapitulate this portion of the subject, we maintain; *that* opium is a highly useful medicine in cholera—useful in all its stages, save the re-active—useful in relieving the severe symptoms, and contributing materially to the cure; *that* the danger of increasing the cerebral symptoms by it, has been greatly overrated; and that there may be a question whether the tendency to such disturbance may not be rather diminished than increased by its previous careful use; *that* as collapse approaches it must be given, with a view to its stimulating operation especially, which is best accomplished by the exhibition of very small doses at very short intervals; *that* it must be wholly omitted as soon as there are evidences of re-action.

Mr. President: We have just entered, as it were, upon the subject of the practical employment of opium; but we fear we have already consumed too much of the time of the society. On a future occasion, we hope to be able to present a paper in continuation of this subject.

Discussion.

Dr. Blackman, said he would allude very briefly to one or two points mentioned in the paper, which had reference more especially to the administration of opium in surgical cases. The Essayist had expressed a favorable opinion of the efficacy of opium in the treatment of senile gangrene, as recommended by Mr. Pott. Now Dr. B. believed that that no surgeon of experience, at the present day, regarded this substance as a *curative* agent, in these cases, nor could this be a matter of surprise when we reflect for a moment upon the pathology of this affection. It does not depend in all cases, as was formerly supposed, on ossification simply of the arteries, nor on inflammation of the lining membrane of the arteries, but it may be the result of a peculiar condition of the blood itself, favorable to the formation of coagula, and the consequent obliteration of the arterial tubes. This view of the subject has been ably maintained by Dr. Fuller of

London, who has published one of the most interesting papers on spontaneous gangrene of the lower extremities, with which he, Dr. B. was acquainted. Again, this form of gangrene is not confined to old people. Mr. Solly, of St. Thomas' Hospital, London, has reported a case in a subject but three years of age, and numerous cases occurring at an early period of life have been reported by other surgeons. Senile gangrene may also be caused by paralysis, the arteries remaining sound. Prof. Parker, of N. Y., in his edition of Samuel Cooper's First Lines of Surgery, has reported two cases of this kind, in one of which amputation was successfully performed. Opium may prove of great service in some of the forms described, as a palliative remedy, but it certainly is incapable of effecting a cure. This observation applies to the antiphlogistic treatment recommended by Prof. Syme. The same hospital (St. Bartholomew's), from which emanated the opium treatment in senile gangrene, has more recently given sanction to a very peculiar administration of opium in surgery, viz: in tetanus. Mr. Skey, in his operative surgery goes so far as to maintain that it is better to kill a patient with opium than to let him die with tetanus! Such practice is certainly a test of the moral tone if not of the professional competency of the surgeon. Dr. B. would not soon forget a remark made in his hearing, at the bed-side of a patient in Guy's Hospital, by Aston Key, the nepwhew of Sir Astley Cooper, and in many respects Sir Astley's superior. Mr. Key declared that he believed more patient's affected with tetanus were killed by opium than by the disease.

Mr. Skey had likewise strongly recommended opium in the treatment of ulcers, now he, (Dr. B.) had tried it in every form of ulcer, and in the irritable ulcer he had found it of service, but in the other forms it had been of no benefit whatever.

Ninth Annual Meeting of the American Medical Association, held at Detroit Michigan.

MORNING SESSION.—This Society began its session, May 6th, at 11 o'clock, at Fireman's Hall. Present, Dr. Geo. B. Wood, of Penn., President; Dr. Daniel Tilden, of Sandusky, Ohio, Vice President; Dr. Brodie, of Detroit, Secretary.

Dr. Pitcher arose and begged leave to say a few words before the regular order of business should be taken up, and proceeded as follows:

MR. PRESIDENT:—In the name of the Physicians of Michigan, who are here represented by delegates from their state district and more local societies, we welcome the members of the American Medical Association, to the State and City of our adoption.

As children who have wandered from their family altar, to improve their fortunes in new and distant lands, would meet with bounding hearts, the patriarch of their early home. So we, whose fortunes have been cast in the forests of the west, now greet with kindred emotions, the delegates from the old Collonial States, hallowed in their memory by their revolutionary association, honored for the elegance and durability of their institutions of learning, and cherished as the home and birth-place of many of the most brilliant and highly cultivated intellects in our national domain.

With a fraternal attachment no less ardent, we receive the members coming from other states of the confederacy, which like our own, have a position among the other states of the Union, but by the accident of birth are excluded from a place among the stripes of our national escutcheon.

And to our brethren who are here by invitation from the British Provinces in America, with whom from a common ancestry we have derived by inheritance our best and earliest ideas of civil liberty, much of our literature, and many of the practical precepts which requite our art, we offer a like and cordial reception.

Although actively engaged in the battle of life, and earnestly struggling to overcome the obstacles which in our undeveloped country lie in the way of professional success, we have striven like the devoted Parsee, to keep alive the fire which in our youth we kindled at the altar of those Magii, who now come not like the wise men of the east, under the guidance of a merely risen star, by acts of devotion to celebrate the advent of a Messiah, but to receive from us on this ground from

which the foot prints of the savage have scarcely been erased by the ploughshare of the white man, when the boat song of the lively Gascon, may still be heard between the strokes of the paddle wheel and the whistlings of the locomotive, the tokens of a sincere friendship, the acknowledgment of a legitimate paternity and the homage due from filial and grateful hearts.

The student of our political history is well aware that under the pressure of exterior force, we have been compelled, on five different occasions, to change our national colors, but never to abjure the faith of our political sires;—so we now intend steadfastly to stand by the true in medicine under all forms of temptation as we will under all the phases of political fanaticism defend the Ark of the Covenant of our political fathers.

We pray that the meeting of this Association, though purely scientific in its aims, may be so conducted as to become instrumental in promoting these great ends.

Again gentleman, I bid you, from whatever land, or State, or section of country you may have come, in the name of common brotherhood in science, a warm and cordial welcome.

An intermission of fifteen minutes was then had, to give the delegates for the several States an opportunity to appoint one from each delegation, to act as a nominating committee, to report nominees for the offices of the Society for the ensuing year.

The Committee retired to transact their business, and Dr. Pitcher from the Committee on arrangements reported that the regular hours of the Session would be as follows:

Tuesday, from 9 A. M., to 12½ P. M., Afternoon from 2 to 5 o'clock.

Wednesday, 9 A. M. to 12½ P. M., and no afternoon Session, in consequence of a pleasure excursion, to be given on board the Michigan C. R. R. Co.'s steamer Western World.

Thursday, 9 A. M. to 12½ P. M. Afternoon, 2 to 5 o'clock.

Friday, to begin at 9 A. M. and adjourn at the pleasure of the Society.

The President announced that he had received a communication from Boston, stating that Dr. J. C. Warren, of Boston, one of the Vice Presidents, died on Saturday last.

On motion, the convention adjourned to 2 P. M.

Afternoon Session.—The Secretary read a letter from Dr. Grafton Tyler, of District of Columbia, one of the Vice

Presidents, expressing his regret at not being able to attend this Convention.

He also read an invitation to this Association from the Tennessee Medical Society, and also from individual physicians of Nashville tendering the hospitalities of that city, and the use of the Legislative Hall, for the sessions of the Association, to hold its next meeting at that city. Referred to the committee on nominations.

The committee on nominations reported that they had chosen the following officers for the ensuing year:

President: ZINA PITCHER, of Detroit. Vice-Presidents: T. W. Blatchford, N. Y. W. H. Boling, Ala.; E. Geddings, S. C., and W. H. Brisbane, Wis. Secretaries: Wm. Brodie, Mich. and W. C. Foster, Tenn. Treasurer: Casper Wister, Penn. Confirmed.

SECOND DAY.—The Association was called to order by the President, at nine o'clock, A. M.

The minutes were read, corrected and approved.

Dr. Wister, of Pa., read the list of delegates who had registered their names since the last report.

The Secretary read communications from the following gentleman asking an extension of time in which to report upon the subjects named:

Dr. A. J. Semmes, of N. Y.—"Coroners' Inquests."

Dr. J. Taylor Bradford, of Ky.—"Treatment of Cholera."

Dr. J. M. Reese, of N. Y.—"Infant Mortality."

Dr. E. R. Peaslee, of Me.—"Inflammation, &c."

Dr. J. W. Corson, of N. Y.—"The Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease."

Dr. Mark Stephenson, of N. Y.—"The Treatment Best Adapted to each Variety of Cataract, with the Method of Operation, Place of Election, Time, Age, &c.,

Dr. Beech, of Mich.—"Medical Topography, and Epidemics."

Dr. J. C. Hutchinson, of N. Y.—"The Anatomy and Hisology of the Cervix Uteri."

Referred to Committee on Nominations.

The Secretary announced that he had received the following resolution adopted at the last meeting of the New York State Medical Society:

Resolved, That the members of the American Medical Association be invited to attend the semi-centennial celebration of

this society, which will occur on the first Tuesday of February, 1857.

The invitation was accepted.

The Secretary read the following communication, dated April 7, 1856, from the Secretary of the Ohio State Medical Society.

SIR—At the annual meeting of this society, held in June last, at Zanesville, Ohio, the following resolutions were adopted, and I was directed to furnish you with a copy of the same:

Resolved, That the resolution offered by Dr. Grant (a member of this society, but not at this or that time a practitioner of medicine, but a lawyer), at the last session of this society, viz: "That it is not derogatory to medical dignity, or inconsistent with medical honor, for medical gentleman to take out a patent right for surgical or mechanical instruments," was offered at a time when many members had left for their homes, and is not, therefore, the sense of the society.

Resolved, That the said resolution is in direct opposition to the code of medical ethics adopted by this society; and, therefore, be it further

Resolved, That said resolution, offered by Dr. Grant, and adopted by the society, be and is hereby, rescinded.

The communication was ordered to be placed upon the minutes.

The Secretary read a communication from Dr. Hamilton, of Buffalo, N. Y., transmitting the second part of a report upon deformities after fracture and dislocations, and asking for a correction of the minutes of last session in regard thereto. Dr. H. also asked that he be permitted to incorporate, in a volume upon the subject he is preparing for publication, that portion of the report already published by the Association.

On motion of Dr. Brodie, of Mich., the minutes were amended.

Dr. Atlee, of Pa., offered a resolution that the request of Dr. H., in regard to the publication of the report, be granted.

Dr. Lindsley, of Tenn., opposed the resolution. A similar request was denied at the session of the Association held at St. Louis.

Dr. Palmer, of Ill., moved to refer the matter to a special committee. Carried.

The President appointed as such committee, Drs. Palmer, of Ill., Atlee, of Pa., and Hills, of Ohio.

Dr. Gunn, of Michigan, moved that those gentlemen from Canada, who are here by general invitation, be admitted in a body, and be requested to take seats on the platform during this morning's session. Carried.

The following gentlemen complied with the invitation:

Dr. E. M. Hodder, F. R. S. Eng., Professor of Midwifery and Diseases of Children, Trinity College, Toronto.

Dr. J. H. Richardson, M. R. C. S. Eng., Examiner in Anatomy, University of Toronto.

Dr. Norman Bethune, M. R. C. S. Eng., Prof. of Anatomy, Trnity College, Toronto, C. W.

Dr. Worthy Haswell, M. R. C. of Surgery, Eng.

Dr. A. K. Dewson, College Physicians and Surgeons, New York, Licentiate of Province of the Canadas.

Dr. Geo. Coatsworth, Medical Department University of Buffalo, Licentiate of Province of the Canadas.

Dr. John Tarquand—Woodstock, C. W.

In receiving them upon the platform, the President, Dr. Pitcher, said he was happy to be the instrument of celebrating the nuptials by which we effect a scientific re-union of the two members of the Anglo-Saxon race, which have so long been separated by the political relations having their origin in the separation of the American colonies from the English crown.

Dr. Hodder, in behalf of his Canadian brethren, thanked the Association for the courtesy and kindness extended to them.

Dr. Sutton, of Ky., offered a resolution that 1,000 copies of the address of the late President, Dr. Wood, be published. Adopted.

Dr. Gross, of Ky., read a report on "The Causes which Impede the Progress of American Medical Literature." In conclusion, he submitted the following resolutions:

Resolved, That this Association earnestly and respectfully recommends: 1st. The universal adoption, whenever practicable, by our schools, of American works, as text-books for their pupils. 2d. The discontinuance of the practice of editing foreign writings. 3d. A more independent course of the medical periodical press towards foreign productions, and a more liberal one towards American; and, 4th. A better and more efficient employment of the facts which are continually furnished by our public institutions, for the elucidation of the nature of diseases and accidents, and, indirectly, for

the formation of an original, a vigorous, and an independent national medical literature.

Resolved, That we venerate the writings of the great medical men, past and present, of our country, and that we consider them as an important element of our national medical literature.

Resolved, That we shall always hail with pleasure any useful or valuable work emanating from the European press, and that we shall always extend to them a cordial welcome, as books of reference, to acquaint us with the progress of legitimate medicine abroad, and to enlighten us in regard to any new facts of which they may be the repositories.

Dr. Phelps, of New York, moved that the report and resolutions, as a whole, be adopted.

At the suggestion of a member, the question was divided. The report was adopted.

Upon the reading of the first resolution, a member proposed to substitute "just" for "liberal" in line 8. Dr. Gross accepted the amendment.

Dr. Palmer, of Ill., wished to understand the meaning of the word "practicable," as employed in the resolution, (line 8). If it meant that an inferior work by an American author was to be used in our medical schools in preference to a superior one, treating of the same subject, by a foreign author, he was decidedly opposed to the resolution. If, when the American work is equal or superior to the foreign one, it is to be used, then he had no objection. He alluded to works by eminent English and French authors.

Dr. Gross explained. One of the works alluded to by Dr. P. must of necessity be used in our medical institutions of learning, as there is no work, by an American author, on the same subject. Foreign works should be used as books of reference, and American books, "when practicable," as text books.

Dr. Yandel, of Ky., moved that the resolutions be made the special order for Thursday morning. Lost.

Dr. Cobb, of N. Y., was opposed to the resolutions. If adopted and sent out to the world, they savor too much of know-nothingism to make them palatable. [Sensation.]

Dr. Leide, of Pa., was in favor of leaving to teachers of medicine the selection of their own text books.

Dr. Davis understood there was another report touching upon the subject—that upon "American Medical Litera-

ture by Dr. Breckenridge, of Ky., He moved to lay the resolutions upon the table until that report was read. Carried.

The Secretary read a communication from Dr. P. A. Jewett, of Conn., chairman of the Committee to procure memoirs of the eminent and worthy dead. Referred to the Committee on nominations.

Dr. Breckenridge, of Ky., read a report upon American Medical Literature.

On motion of Dr. Hooker, it was accepted and referred to the committee on publication.

The Association then adjourned.

THIRD DAY—MORNING SESSION.—The President called the meeting to order. The Secretary read the minutes of yesterday's session, which were amended and approved.

Dr. McGugin, of Iowa, was chosen a member of the Committee on Nominations to represent that State.

Dr. Atlee, of Pa., offered a resolution that the President have authority to appoint annually delegates from gentlemen going abroad to represent this association in the meetings of the British Medical Society at Paris, and such other foreign bodies as may be in existence. Carried.

The Secretary read letters from the following gentlemen, on the following subjects: From Dr. P. Wroth, of Md., submitting a report from the committee on "The Medical Topography and Epidemics of the United States," on the Medical Topography of the eastern section of Maryland, and asking an extension of time.

From Dr. E. S. Lamoine, of St. Louis, transmitting an acknowledgement of the reception of the proceedings of the association by the Paris Academy of medicine.

From Dr. D. Thompson, of Louisville, Ky., asking for an extension of the time to report on "The Remedial Effects of Chloroform." All referred to the Committee on Nominations.

From the Secretary of the Michigan State Agricultural Society, transmitting 25 copies of its transactions of 1853 and '54. This was accepted and ordered to be distributed one in each State as far as they would go, and the thanks of the association were returned therefor.

Dr. Clendennin, of Ohio, offered a resolution that a committee of one be appointed to continue three years to report on the Etiology and Pathology of Epidemic Cholera in the United States," and that he have authority to select such

other members to assist him as he may deem desirable. Referred to Committee on Nominations.

Dr. Mendenhall, of Ohio, offered a resolution expelling from the association Dr. C. H. Cleveland, of the Cincinnati Eclectic Medical Institute. Carried.

Dr. Atlee, of Pa., offered a resoluntion that Dr. James R. McClintock, whom he denounced as an "advertising quack," be also expelled. Carried.

Dr. Bloodgood, of Chicago, offered a resolution that the constitution be so amended as to provide that the President shall be elected by ballot and it shall not be requisite that he be a resident of the State wherein the association may be held. Laid over one year under the rule.

Dr. Gunn stated that many of the eastern members desired to return home on the Western World. He had consulted the agent of the line, who had volunteered to start the boat for Buffalo Friday noon, in time to reach that city for the early morning train, providing 50 members would signify their desire to take the boat at that time.

On motion of Dr. Palmer, of Chicago, Dr. Mussey, of Cincinnati, Ex-President of the Society, and Bishop McCroskey, of Detroit, were invited to take seats upon the stand.

The President welcomed the Bishop by stating that not only was he "High Church" in religion, but "High Church" in medicine. He descended from legitimate medical stock.

Dr. Gluck, of New York, moved that the association appoint four delegates to the Medical Congress to be held this season in Europe; these delegates to be appointed from the four sections of the Union. Laid on the table.

Dr. Stocke, of Philadelphia, offered an amendment to the constitution, whereby the association shall meet triennially at some place to be designated hereafter, as a permanent place of meeting; the intermediate year the association shall meet at any place that may be fixed upon; that one permanent Secretary and two assistants be chosen; that the permanent secretary shall keep the archives of the association in the place of its permanent meeting, and his traveling expenses in going to and from the place of permanent meeting.

Dr. Watson, of New York, opposed the ammendment.

Dr. Dorsey, of S. C., offered an amendment to the constitution, that the Association meet triennially at Washington, to begin in 1858, and that the Secretary correspond with the Managers of the Smithsonian Institute, to arrange a plan

whereby the archives of the Association may be kept in that Institution. Both amendments laid over one year.

Dr. Sheets offered a resolution, that it is derogatory to the profession to notice in our medical journals the works or writings of irregular practitioners. Adopted.

Dr. Wistar, of Pa., offered a resolution that the invitation of the medical gentlemen from Canada to attend the next meeting of the Association, be renewed for the next meeting of the Associaton at Nashville; and that such of the Canadian profession as can be present at that meeting, are requested to obtain letters of introduction from Drs. Tarquand, A. Scott, of Woodstock, Drs. Harswell, Widmer, Beaumon and Hewich, of Toronto; Drs. O'Rielly, Craigie and Duggan, of Hamilton; Dr. Sampson, of Kingston. Carried.

When the call upon the Committee on the Medical Topography and Epidemic Diseases of the United States came up, Dr. Thompson, of Delaware, Chairman of that Committee, appointed at its meeting the past summer at Newport, with Joseph Mauran, M. D., as Secretary, remarked that he would detain the Association but a few moments, as there were some explanations connected with this important subject due the Association to other individuals and himself. The first was, that it was now universally conceded that the period of three years was granted by the Association to the associates of the States and Territories to complete their work; secondly, that in the rearrangement of this important undertaking the power was conceded to each State and Territory to appoint its own historian—which was afterwards confirmed by the Association. It was alone intended to ensure success by imposing the duty upon them as a State right, and not to report upon past committees appointed at Charleston, and given three or four States to take charge of, though to the honor of several of the Western and South-Western States—he said some reports in whole and in part had been already published in the transactions of the past year that would scarcely be surpassed by those that should come after them. In the substitution of the new arrangements calculated to insure the completion of this work—and so largely acquiesced in by the Association, he begged leave here, in justice to himself and others, to say that he had, and could not have had, any personal feeling—or preferences as to appointments—as they alone were made by their own representatives—and these explanations were due both to the old Committees and himself.

Dr. Palmer, from the Special Committee, appointed to receive and consider the request of Dr. F. H. Hamilton, of Buffalo, for permission to use such portion of his report on "Deformities after Fracture," as he may deem proper in his forthcoming book, reported in favor of granting the request, providing the book should not be issued until the report which he may further make, shall have been published by the Association. Carried.

The report and resolution of Dr. Gross, read yesterday, were taken up, discussed for a few moments, and referred to the Committee on Publication.

The Secretary read a letter from Dr. L. H. Steiner, of Washington, transmitting his report on "Strychnia, its Chemical and Toxicological properties," and regretting his inability to be present in person. Referred to Committee on Publication.

Dr. Palmer, of Chicago, from the Special Committee, read a report on "The Plan of Organization of State and County Societies." It closed with resolutions that the National Association call upon all medical men everywhere to organize themselves into State and county societies; that the Association recommend to all local and county societies to incorporate into their by-laws a provision whereby a board of censors shall be appointed to examine all applicants for membership before they shall be admitted—that members of these societies be urged to make at least brief records of all cases arising in their practice from general or epidemic causes, to report these to the society to which they belong, or to a committee of the society, and that a committee arrange and collect these reports and transmit them to the State Society, to which they may and shall be auxiliary, and the State committee shall arrange and collate these reports, transmit them to the National Association—that the National committee receive these records transmitted from the several States, and collate and prepare them for publication in the transactions—that the code of medical ethics adopted by the National Association be recommended to the local and county societies for adoption—and that it be recommended to the several local and county societies to report to the State society to which they may be auxiliary, such papers presented to them as may be deemed worthy of preservation in a permanent form, thus stimulating to the production of valuable records and papers.

The report, after a brief discussion, was referred to the

Committee of Publication and the resolution temporarily laid on the table.

Dr. Davis, of Illinois, read a report from the Special Committee on "The Changes in the Composition and Properties of the milk of the human female, produced by Menstruation and Pregnancy." This was a very scientific and interesting paper, showing very close examination and diligent inquiry and study, with the record of many actual experiments performed by the chairman of the committee. Referred to the Committee on Publication.

The Secretary read a letter from Dr. Charles Chandler, of Rocheport, Mo., who was appointed to report on "Malignant Periodic Fevers," transmitting a paper instead on "Sulphat of Cinchona." Accepted and referred to a special committee consisting of doctors.

The report on "the eccretions as an index to the organic changes going on in the system," by Dr. H. A. Johnson, of Chicago, was called for.

Dr. Davis, of Ill., said he had been requested by Dr. J. to ask for an extension, the report having been already continued for one year. He was opposed to such continuances. If men want to work let them do so; if not, don't let them undertake it. The subject of continuances was referred to the Committee on Nominations.

Several other reports were called for, but their authors were not present.

Dr. Jas. M. Newman, of Buffalo, read an abstract of a lengthy report on "The Sanitary Police of Cities"—a very valuable paper, containing the result of a great variety of examinations, comparisons, &c. Referred to the Committee on Nominations.

The Convention here adjourned till 2 P. M.

THIRD DAY—AFTERNOON SESSION.—The President called the Association to order at 2 P. M.

Dr. Frost, Charleston, S. C., offered a resolution of thanks to the Retiring Officers of the Association and the Committee on Publications. Carried.

Dr. A. J. Fuller, of Maine, read a report on "The Best Treatment of Cholera Infantum." Referred to Committee on Publication.

Dr. Horace Green, of N. Y., read an extract of the report on "The Use and Effect of the application of Nitrate of Silver to Diseases of the Throat." Referred to Committee on Publication.

Dr. J. B. Flint, of Louisville, Ky., read a report on "The best mode of Rendering the Medical Patronage of the national government tributary to the Honor and Improvement of the Profession." Referred to the Committee on Publication.

"SPECIAL COMMITTEES."—The Committee on Nominations reported the following chairmen on special reports for 1857.

Dr. E. R. Peaslee, of Brunswick, Me., on "Inflammtion—its Pathology and its relation to the Recuperative Process."

Dr. J. C. Hutchinson, of Brooklyn, New York, and Chas. E. Isaacs, of New York, on "The Anatomy and Histology of the Cervix Uteri."

Dr. J. Tayler Bradford, of Augusta, Ky., on "The Treatment of Cholera."

Dr. Mark Stephenson, of N. Y., on "The Treatment best adapted to each variety of Cataract with the Method of Operation, place of Election, Time, Age, &c.

Dr. J. W. Carson, of N. Y., on the "Causes of the Impulse of the Heart and the Agencies which influence it in health and disease."

Dr. D. Meredith Reese, of New York, on "The Cause of Infant Mortality in large cities, the Source of its increase, and the means for its diminution."

Dr. J. Foster Jenkins, of Yonkers, N. Y., on "Spontaneous Umbilical Hemorrhage of the newly born."

Dr. Henry Carpenter, of Lancaster, Pa., on "The Use of Instrument in Obstetrical Practice."

Dr. Alexander J. Semmes, Washington, D. C., on "The Measures to be adopted to remedy the evils existing in the present mode of holding Coroner's Inquests."

Dr. J. Marion Sims, of New York, on "The Treatment of the Results of Obstructed Labor."

Dr. J. B. Flint, of Louisville, Ky., on "The True Position and Value of Operative Surgery as a Therapeutic Agent."

Dr. G. Volney Dorsey, of Piqua, Ohio, on "The causes and cure of Indigestion, especially in relation to the Therapeutic Indications to be derived from the chemical composition of the deposits in the urine."

Dr. C. P. Coventry, of Utica, N. Y., on "The Medical Jurisprudence of Insanity and the testimony of Skilled Witnesses in Courts of Justice."

Dr. Joseph Leidy, of Philadelphia, Pa., on "Human, Animal and Vegetable Parasites."

Dr. M. D. Darnally, of Bainbridge, Indiana, on "The value of a strict attention to position in the treatment of diseases of the Abdoman."

Dr. G. Sutton, of Aurora, Indiana, on "Milk Sickness."

Dr. Clark G. Pease, of Jonesville, Wis., on "The blending and conversion of the Types of Fever."

Dr. B. S. Woodworth, of Indiana, on "The best substitute for Cinchona and its preparations in the treatment of Intermittent Fever and Malarious Neuralgia."

Dr. Franklin Hinkle, of Marietta, Pa., on "The use of Cinchona in Malarious Diseases."

Dr. Henry J. Campbell, of Augusta, Ga., on "The Nervous System in Febrile Diseases." Dr. John Kill, of Phil., in "The Laws governing the Deposit of Bone." Dr. John W. Greene, of N. Y., in "The intimate effects of certain Toxicological agents in the Animal Tissues and Fluids."

Dr. Geo. Suckley, U. S. A., on "The Medical Topography and Fauna of Washington Territory."

Dr. James Cooper, of Hoboken, N. J. on "The Flora of Washington and Oregon Territories." Dr. Chas. E. Isaacs, of N. Y., on "The Intimate Structure and the Pathology of the "Kidney." Dr. Israel Morse, of N. Y., on "The Diseases incidental to Europeans from Temperate Climates in their transition through Central America."

STANDING COMMITTEES.—The Committee on nominations, also reported the following Standing Committees in the year 1857.

On Medical Education:—Drs. S. W. Butler, of N. J. Chairman; Alonzo Clark, N. Y.; C. W. Le Bentillier, of Minnesota; G. F. Mitchell, of Ohio; S. W. Clinton, of Alabama.

On Medical Literature:—Dr. R. Hill, of Ohio, Chairman; E. W. Yandell, of Ky.; R. R. Porter, of Del.; H. A. Johnson, of Ill.; Chas. E. Swan, of Maine.

On Publications:—Drs. Francis G. Smith, of Pa.; Chairman; Caspar Wistar, Pa.; Samuel L. Hollingsworth, of Pa.; Samuel Lewis, of Pa.; H. T. Asken, of Del.; Wm. Brodie, of Mich.; R. C. Foster, of Tenn.

On Prize Essays:—Drs. Wm. K. Bowling, Chairman; E. B. Haskins, Thos. Lipscomb, A. H. Buchanan, R. W. Avent, W. A. Cheatham, Paul F. Eve, all of Tennessee.

On Arrangements:—Drs. C. K. Winston, Chairman; Iro Connell, Wm. D. Haggart, J. L. C. Johnson, F. A. Ramsay, Geo. Grant, J. B. Lindsley, all of Tennessee.

The Committee on nominations reported the following gentlemen to fill vacancies in Committees.

On "Medical Topography and Epidemics:" Dr. F. P. Fitch, of Amherst, N. H.; Dr. Robt. Murray, of Fort Miller, Cal.

On "The Registration of Births, &c:" Dr. Wm. B. Casey, of Middletown, Conn.; Dr. R. W. Haxall, of Richmond, Va.; Dr. Arthur R. Stout, of San Francisco, Cal.

The Committee recommended the continuance of the Committee to procure memorials of the eminent and worthy dead and the report as prepared be referred to the Committee on Publications.

FOURTH DAY—MORNING SESSION.—The President called the Association to order. The Secretary read the minutes of the preceding Session, which were corrected and approved.

Dr. Palmer, of Ill. moved that Dr. Richard Coolidge, of D. C. be substituted in place of Dr. Finley, on the Committee to report on Epidemics. Carried.

Dr. Gunn, of Detroit, from Committee on Credentials, reported the following new members, by invitation:

Dr. Landon, of Monroe; introduced by Dr. Rice.

Dr. R. K. Rodgers, Suspension Bridge, N. Y.; introduced by Dr. Brodie.

Dr. Dwight Nimms, of Calhoun Co.; introduced by Dr. Gunn. Adopted.

Dr. Atlee of Pa.; offered the following:

Resolved, That all voluntary communications hereafter presented to the Association, shall be referred to a special committee of —— to be appointed by the President, on the first annual meeting, whose duty it shall be to examine such communications, and report upon the propriety of their presentation and reference to the Committee on Publication. Carried.

Dr. Smith, of N. Y., moved that a special committee be appointed to report at the next meeting of this Association, a classification of those diseases, which involve a derangement of the mental manifestations. Carried, and leave given the mover to appoint the committee, he being Chairman.

The Secretary read an invitation from Dr. Childs, of Boston, inviting the members of the Association to meet with the Massachusetts Medical Society, on the last Wednesday of May. Accepted.

Dr. Atlee, of Pa., moved that a copy of the Association's transactions be sent to the Epidemological Society, of London. Carried.

Dr. Gunn, of Mich., moved that any new Medical Society not heretofore represented in this Association, be required to transmit to the Secretary, with the credentials of its delegates, the evidence of its existence, capacity and good standing. Carried.

Dr. McGugan moved that a special committee be appointed to report on the subject of "Stomatitis Materna." Carried.

Dr. Bailey moved that Dr. N. S. Davis be requested to continue his observations on the subject of the changes produced in the composition and qualities of milk by pregnancy and menstruation; also, the best substitute for the mother's milk when weaning becomes necessary before the child is eighteen months old, and report at the next meeting of the Association. Carried.

Dr. Atlee, of Pa., moved that the thanks of the Association be tendered to all railroad companies who had furnished members with passes to this convention. Carried.

Dr. Palmer, of Ill., called for some disposition to be made of the resolutions appended to his report on the organization of Medical Societies.

On motion of Dr. Atlee, they were referred with the report for publication.

Dr. Palmer, of Ill., moved that the Association tender a vote of thanks to the press of Detroit for the interest and attention given to their sessions in this city. Carried.

Dr. Palmer, of Ill., moved that the Committee on Registrations have leave now to present a partial report, which is hereby referred to the Committee of Publication. Carried.

Dr. Lindsley, of Tenn., offered the following:

Whereas, It is the object of this Association in the award of its prizes for communications on subjects appertaining to medical science, to encourage the progress of the latter, and as this result cannot be better attained than through original investigation and discovery,

Resolved. That hereafter an annual prize of 00 be awarded for the best memoir or essay, founded on original investigation of the author, and in case of no memoir or essay being presented worthy of such award, the prize money to be appropriated towards the expense of publishing and illustrating

such memoirs as may be subsequently deemed worthy of an award. Carried.

On motion the Association then adjourned to meet at Nashville, Tenn., on the first Tuesday of May, 1857.

Correspondence.

TORONTO, CANADA, May 14, 1856.

EDITOR WESTERN LANCET:—

A racy sketch—and it is all I can furnish you at present, from this Metropolis of Canada, may not be uninteresting to your readers. I regret that I had not time to write you from the National Medical Association, at Detroit, but hope, ere this, you have been able to glean from the daily reports, which I sent you, the prominent items of business that came before the Association.

Our visit to this place, (having recently deserted my bachelorship, I must speak hereafter in the plural) has been of an exceedingly interesting character. I can never forget the hospitalities of the physicians of Toronto. Soon after our arrival, we were joined by Dr. Bethune, Professor of Anatomy in the medical department of Trinity College, who took us to all points of interest in the City. We visited Trinity College,—a massive and elegant structure of the ancient Gothic style, the outgrounds of which, are arranged in a style of elegance, that I have seldom seen in our country. The tall pine and fir trees, by which it is surrounded give a fine effect to the massive gray stone walls and towers, which peer through the green foliage.

The extensive promenades, avenues, and out-grounds of the Toronto University, however, are the finest and most magnificient of the kind I ever saw. Both Institution are,

I learn, in a prosperous condition. Trinity College is under the control of the Church of England; the University is a government Institution.

The Lunatic Asylum is a very extensive building of the kind, but does not compare, in the elegance of its finish, with the Asylums of Ohio.

We also visited the House of Parliament—now in session, and the Assembly, or House of Commons. The furniture, and style of finish of both houses, strike an American as quite peculiar. Every thing is deep crimson or red,—carpeting, seats, Speaker's chair, etc. The Speaker's chair in the House of Parliament, contrasts very strikingly with our Republican simplicity. It is, of course, intensely red. Surmounting it is the British crown, wrought of gold, and on either side, the Speaker's arm rests on the neck of the British Lion, who appears to guard, with sleepless vigilance and proud defiance, her Majesty's crown.

The Members, at least a majority of them, are fine hearty, jocose looking men. I would not judge, from their appearance, that they allowed her Majesty's interests in Canada to destroy their appetites for good roast beef, or their appreciation of a practical joke.

In the evening we were invited to a party, at which we met a large number of the leading physicians of Toronto, and their families. We were the guests of the evening, and the only Americans present. We met here Drs. Bethune, Hodder, Bovell and Hallowell, of the Faculty of Medicine of Trinity College; also Dr. Richardson, formerly professor of anatomy in the University. They are all able, accomplished gentlemen, who occupy commanding positions in the ranks of the profession in Canada.

Their entertainment was gotten up in a style characteristic of English hospitality. Every thing was done, apparently, as a matter of course; nothing said about the cost or quality of the wine, or of the amount paid for the extra oysters for the occasion.

After the ladies withdrew from the table, the doors of the spacious hall were closed, and we then had a fine specimen of the wit, hilarity, and generous sentiment of English society. Toasts and speeches were the order of the evening. To several of these we were obliged, in our humble way, to make response. When they toasted the American medical profession and the American Medical Association, they touched my pride, and I stammered out the best reply I could, amid much cheering; but when they proposed a complimentary toast, which they drank standing, to her whom I had recently wedded, they touched my *heart*, and from its "abundance" my tongue gave utterance in a manner which would have quite amused my quondam bachelor friends. The theme was new, novel, and, I need not add, intensely interesting! We can never forget our delightful visit to Toronto, and the many warm hearts which we there met.

A word as to the curriculum of study, adopted by the University of Trinity College, may not be destitute of interest to our American physicians. It grants two degrees in medicine, that of Bachelor, and Doctor. As the degree of M. B. confers upon its holder the same priviliges as those enjoyed by a Master of Arts, he is required to have previously taken the oath of allegiance, and supremacy, and to have subscribed the following declaration:

"I, A. B. do willingly and heartily declare, that I am truly and sincerely a member of the Church of England and Ireland." No degree whatever, I understand, is granted by Trinity College, under different regulations.

For the Degree of M. B.—Candidates are required to have been engaged in their professional studies four years, and to pass a satisfactory examination on Divinity, Scripture History—the Gospel of St. Luke, in Greek—the Classics, and an extensive course in Algebra and Mathematics. The candidate, for this degree, has to undergo two examinations.

The *first examination* takes place at the termination of the third year, and embraces the following subjects:

Anatomy, Physiology, Chemistry, Materia Medica, Pharmacy and Botany.

He must also have attended lectures on Pathological Anatomy, Practical Chemistry, Practice of Medicine, Surgery, and Medical Jurisprudence, and have dissected during nine months.

The *second examination* takes place after the completion of his full medical course of four years, and embraces the following subjects:

Institutes of Medicine, Surgery, Medicine, Midwifery and Medical Jurisprudence. Both examinations are conducted by printed papers, and *viva voce.*

THE DEGREE FOR M. D.—No candidate is admitted to this examination, until he has first taken the degree of M. B.; or unless he be a Licentiate of the Royal Colleges of Physicians and Surgeons of England, Scotland, or Ireland. He must also produce evidence of having been engaged in actual practice, or of having attended the practice of an Hospital (medical and surgical), for at least two years subsequently to having taken his first degree.

This rigid system of study (the *theological* requirement may seem, to many, unnecessary) secures to the citizens of Canada an accomplished and able corps of physicians, and gives to the profession a position which they never can attain where degrees are conferred with less rigid requirement of qualification. S. G. A.

Reviews and Notices.

On some of the Diseases of Women admitting of Surgical Treatment. By ISAAC BARKER BROWN, F. R. C. S. (by Exam.), Surgeon-Accoucheur to St. Mary's Hospital, Vice-President of the Medical Society of London, Fellow of the Epidemological Society, Corresponding Fellow of the Obstetric Society of Berlin, etc., etc. Illustrated by Twenty-four Wood engravings. Philadelphia: Blanchard & Lea. 1856. 8vo. pp. 256.

The attention that the surgical diseases of women have attracted of late, has cleared the way for the appearance of this work, and must insure it a hearty welcome, from the rapidly increasing circle of operating surgeons. Our surgical text-books are lamentably silent on many of the difficulties peculiar to women requiring surgical aid, and indeed most of the larger works on surgery contain very meagre sketches of them, as though they were of minor importance.

In the book before us are given descriptions of the most approved methods of treating surgically, ruptured perineum; prolapse of the vagina; prolapse of the uterus; vesico-vaginal fistula; recto-vaginal fistula; lacerated vagina; polypus of the uterus; stone in the bladder; vascular tumor of the meatus urinarius; imperforate hymen; encysted tumor of the labia; diseases of the rectum; and Ovarian dropsy. Illustrated by a number of fine Wood engravings.

For sale by H. W. Derby. Price $1 75.

Digestion and its Derangements. The Principles of Rational Medicine applied to Disorders of the Alimentary Canal. By THOMAS R. CHAMBERS, M. D., Fellow of the College of Physicians; Physician to St. Mary's Hospital, and Lecturer on the Practice of Medicine at St. Mary's Medical School, London; Author of "Decennium Pathologicum," etc. New York: Saml. S. & William Wood, 261 Pearl Street. 1856. 8vo. pp. 441.

A want of room will prevent us from giving this book a notice proportionate to its value.

Dr. Chambers wields a vigorous pen, and in the work before us the traces of a master mind illuminate every page. The work is divided into two parts: in the first the Physiology of Digestion is considered; and in the second, its derangements. In the first part the author claims no originality, but simply the merit of collecting and systematising, recent observations on the phenomena of digestion. The second part is drawn from the author's personal experience, and will be found of the deepest interest to those engaged in the practice of medicine.

For sale by H. W. Derby. Price $2 25.

Atlas of Cutaneous Diseases. By J. Moore Neligan, M. D., Edinburgh, M. R. I. A., Honorary Doctor of Medicine, Trinity College, Dublin, Fellow of the King's and Queen's College of Physicians in Ireland, Honorary Fellow of the College of Physicians of Sweden, Honorary Member of the Cork Medical Association, Physician to Jervis street Hospital, Lecturer on the Practice of Medicine in the Dublin School of Medicine, etc., etc. Philadelphia: Blanchard and Lea. 1856.

This is a book containing Sixteen beautiful colored lithograph plates, illustrating ninety of the most common varieties of skin disease. "My chief object," says the author, "in the publication of this book of Plates of Cutaneous Eruptions is to supply the Student and junior practitioner with a work moderate in size and cheap in price, which can be readily referred to in the study of what is admittedly an obscure class of diseases." In this object he has undoubtedly succeeded better than any other author, for there is no other work extant on the same subject presenting so numerous and accurate illustrations that can be purchased for three times the price of this.

The classification is adopted to a large "Treatise on Diseases of the Skin" by the same author, though it may be advantageously used with any other treatise on the diseases of the skin.

We have not for a long time invited the attention of the readers of the Lancet to a work that we could more confidently recommend them to purchase than the present.

For sale by H. W. Derby. Price $4 50.

The Principles and Practice of Opthalmic Medicine and Surgery. By T. Wharton Jones, F. R. S., Professor of Opthalmic Medicine and Surgery in University College, London; Opthalmic Surgeon to the Hospital, etc. With one hundred and ten illustrations. Second American Edition, with Additions from the Second and Revised London Edition. Philadelphia: Blanchard & Lea. 1856.

The profession is pretty well acquainted with this excellent little manual, and it is only necessary to announce the appearance of a new Edition to insure its rapid sale. Its cheapness considered in connection with the soundness of the practice it teaches, and the high authority from which it emanates, will in many instances give it a preference over the larger and more expensive volumes of Lawrence and Mackenzie.

For sale by H. W. Derby. Price $1 50.

Progress of Medicine.

FRANCE.

Operation for Hare-lip. Discussion in the Society of Surgery, in Paris. Translated for the Lancet from the Gaz. des Hopiteaux. By J. H. T.

PRESENTATION OF PATIENTS.

M. Guersant presented an infant twelve days old, affected with double hare-lip, with hypertrophy of the vomer and anterior projection of the incissive tubercle. He desired to submit the case to the Society before operating upon it.

The best procedure to adopt in such a case is that of Blandin, which consists in an exsection of a triangular portion of the septum and pressing backward the incisive tubercle. This operation he performed with scissors.

M. Guersant had made a special instrument for this purpose, which to him appeared more advantageous.

He proposed to make the operation in three periods. First, the exsection of the septum should be made, then the tubercle should be pressed backward, afterwards the suture should be put on one side, the left side for example, and still later on the opposite side. It is very important to divide the operation into different periods. On account of neglecting that precaution he had seen several children die after the operation, especially by convulsions; on the contrary, since he had divided the operation he had succeeded with two cases.

M. Richet desired to know the exact number of cases treated successfully by the method of Blandin. He thought there was no necessity for a special instrument in performing the operation, as the curved scissors were sufficient; but that which it was important to know was what had been the results of the operation. For his part he had on three occasions performed the operation, and had fully decided never to have recourse to it again; his three patients had all died from convulsions following hemorrhage most difficult to arrest. The last infant upon which he had operated was at the hospital St. Antoine. It was ten or twelve days old, and in very good condition. The exsection was made with scissors without any difficulty, but the next day there supervened a hemorrhage which almost choked the infant. By using perchloride of iron and compression with a bandage dipt in diachylon, pressed against the opening of the ossific substance, with great exertion the blood was stopped, but on the morrow the child died with convulsions.

M. Verneuil. The procedure of Blandin is cited in all our recent works. It is recommended when the hare-lip is double, but nowhere

is anything said about results—its advantages and disadvantages. It is highly important therefore that those who have had occasion to employ it should instruct us as to its value.

We do not know how often, or with what success, even Blandin himself performed this operation. I have heard it said that the first subject upon whom it was tried died some two months after with scarlatina, and that at that period the tubercle was still mobile.

M. Denonvillers wished to have the circumstances attending the practice of M. Guersant more in detail. To say that at a certain age one had been very successful, and at another age unsuccessful, was not sufficient. In truth there were degrees of success, as well as more or less completeness of failure. It would be well too to know if the early operation in cases of simple hare-lip had not been followed by death. In the complicated cases had the success been complete, and the restoration of the face satisfactory? Had death sometimes followed?

M. Guersant could not remember a single case where he had operated for simple hare-lip, shortly after birth, which had been followed by death. The success had been constant or nearly so, and the results very pleasing. On the contrary he had failed in subsequent years, but could not recollect having lost any patient who had passed over two years.

On the other hand in complicated cases death had been frequent; it came on sometimes after the first, and sometimes after the second period, often taking place by convulsions, but frequently the powers of life gradually became extinct. Failure was the general result of all varieties of complicated hare-lip: but in some cases an incomplete success had been obtained, where parts only of the operation had been performed at a time.

M. Richard had operated on two cases of simple hare-lip shortly after birth. One of the infants was perfectly cured, the other died on the third day. He had lately conversed with Prof. P. Dubois upon this subject, and had learned from him that the new facts which he had collected had only served to confirm his former conclusions (in favor of early operations). Dubois had never had an unsuccessful case. He did not now attach so much importance to a changing of the threads as formerly. M. Richard had seen two children operated on for simple hare-lip die at the Hotel Dieu.

M. Demarquay being questioned as to the results of the practice of Blandin declared that he had witnessed several of his operations where the septum was exsected, and the tubercle pressed back, and that in no case was there a satisfactory result: at the end of six and twelve months the tubercle had not become consolidated, nor was it afterwards.

M. Demarquay thought the practice had no advantages, and never had recourse to it. He had, however, never seen any case where the hemorrage was fatal. Blandin only exsected a small portion of the septum and immediately thrust the tubercle backwards.

In the cases of simple hare-lip Blandin had at first followed the precepts of M. Dubois, but afterwards abandoned it and returned to the operation practiced upon subjects of twelve or fifteen months.

On complicated cases he operated at the age of from two to three years, and always unsuccessfully, notwithstanding the most careful management and dressings admirably adapted. The separation of the palatine arch especially interposed a barrier to success.

M. Demarquay had once employed Blandin's apparatus for compression on a child eighteen months old. The pellets applied over the jaws approximated very well the two halves of the superior maxilla. At the end of two or three months the palatine opening was almost entirely obliterated. His intention was to operate afterward.

M. Verneuil thought it would be necessary to come to an understanding as to what was meant by a complicated hare-lip. M. Denonvillers at our last meeting in distinguishing the simple from the complicated cases had comprised under the former head all those where the alveolar arcade had remained intact, whether the palatine veil or roof of the mouth were divided or not. On the other hand M. Guersant without exactly saying what he comprehended under complicated hare-lip, had told us that all or nearly all such cases had been unsuccessful. Now I have seen in the Union Medicale an interesting article by M. Henry, in which are given the clinical lectures of M. Guersant, and sixteen cases of hare-lip are mentioned upon which he operated in 1852.

This is a numerical document of great importance, and I find among this number only two cases of simple hare-lip; but a much larger number of cases of labial fissure, with a simple or double division of the alveolar arch together with its isolation, but without its projection. Here we have the complicated cases, according to Denonvilliers, and yet M. Guersant has many times succeeded in curing them as with simple cases of hare-lip. On the contrary as soon as the incisive bone makes a little projection, and especially if it stands out prominent failure will follow. Is it then that projection of the incisive tubercle which gives us the true complication, and does the simple fissure of the alveolar arch exert no unfavorable influence upon the results of the suture? Are not the complicated cases of Demonvillers different from those of Guersant? With such facts before us does it not seem necessary to establish a greater number of cases in order to do away with uncertainty?

M. Guersant. Every one is agreed as to what is to be understood by simple hare-lip; it is that which is unilateral without division of the alveolar arch. All others are complicated, and successful operations upon them are very rare. If M. Verneuil has seen the contrary stated in regard to sixteen cases of mine, it is because the number is too small, and therefore does not show the general results of my practice. My opinions are founded upon two hundred cases which have occurred in my practice of fourteen years.

M. Verneuil persisted in his belief, that although in pathological

anatomy there might be agreement as to what was understood by simple and complicated hare-lip, yet it was very different in surgery, and that in order to come to any just conclusion as to the probable results of an operation in any given case it would be necessary to make the following divisions:

1st Hare-lip, simple unilateral
2 „ simple bilateral
3 „ complicated, with projection of an incissive tubercle
4 „ complicated without projection of the tubercle

M. Cloquet had seen two children operated on for simple hare-lip, the first took place at the age of one month, the second at eight months, and both died; one from gangrene of the mouth, the other from a species of muguet. He had himself operated once at the age of fifteen months and his patient also died. On the other hand having for a long time followed the service of Antoine Dubois, he had often witnessed the happy results of his cases, and never saw death follow in any of them. A. Dubois operated very seldom before the fifth year, more frequently still later than that.

M. Gosselin. I desire to respond to the wishes of our colleague by reporting the facts which I have witnessed, and the impressions which they have made. Conforming to the desire expressed by M. Denonvillers, I shall confine myself to a consideration of simple unilateral hare-lip. My own operations upon infants at the breast are six in number; three during the first week after birth, and three between the fifth and sixth months. Of the first three upon which I operated at Cochin Hospital, two died of convulsions before the tenth day, the third upon which I operated at the Clineque Hospital had the lip cut by the thread, and complete disunion followed.

At the side of these cases I can place two others in which the operation was likewise made during the first week by M. Roux, which I saw at Hotel Dieu; one of these died of convulsions, and in the other there was loss of substance at the lip, and incomplete reunion.

Among the three infants upon whom I operated after the fifth month, all of whom were quite robust and had good nurses, I had neither accident nor death. Two of them were perfectly cured. In the third case there was at first, union, but at the commencement of the fifth day the whole was torn asunder by the crying of the infant, provoked, perhaps, by the retentive apparatus which I had thought best to apply. I should add that the reunion was made secondarily from above downward, and that in the end there only remained a slight notch.

The first impression which the facts have made upon my mind, is that the operation performed immediately after birth is much more likely to be followed by death than if it were made between the fifth and seventh months.

I am then a partisan of the operation upon the infant while at the breast; but at present I never advise it before the fifth month, that

is to say after the period when we may reasonably hope the infant will live, and when it has become accustomed to the nourishment intended to be given it. I insist especially upon having a good nurse, and that the infant shall have become accustomed to her milk.

As to the cares which it is necessary to take after the operation, my experience has led me to the following conclusions:

1st. It is important that the thread be changed every day. I have sometimes omitted this precaution, and it has happened to me, as to others—the skin drawn between the thread and the pins has been cut in two, ulcerated, sphacilated, either suppurative inflammation with disunion has taken place, or the solutions of continuity have left cicatrices and deformity.

2d. I insist that the infant shall be well nourished and be placed in favorable hygienic circumstances.

3d. When all the means of union are withdrawn I am especially careful to provide against the effects of crying, which I do not however attempt to suppress, by strips of diachylon placed over the lips, nor by any kind of bandage which could irritate and cause the infant to cry. I do not fear to give it a syrup of poppy, with such precautions as are requisite in such young children.

M. Denonvilliers examined the origin of the doctrine at present in the ascendant. Formerly the principle of the late operation had been adopted for the simple hare-lip. But all at once a careful memoir had appeared emanating from a wise and prudent surgeon, containing but a few operations it is true, but these all followed by success. Quickly opinion changed, everybody was carried away, and every one commenced at once to operate on simple cases of hare-lip immediately after birth. However, new facts have been produced, and as each one comes to furnish the result of his observations we learn things altogether unexpected.

M. Danyau: 4 operations, 3 successful, 1 death.

M. Richard; 2 ,, 1 ,, 1 ,,

He had seen two other unfortunate cases.

M. Gosselin. Three operations, 1 successful, 2 deaths.

M. Cloquet had seen two infants operated upon while very young, and both died. He had himself lost one case operated upon at fifteen months.

A Professor of the Ecole had seen one young infant die under the operation.

Roux had lost two infants in like circumstances.

Blandin after following awhile the method of M. Paul Dubois, had abandoned it.

M. Cloquet has shown us the happy results of the practice of Antoine Dubois, and he operated late on simple cases.

M. Guersant has not lost any case of simple hare-lip in infants operated on soon after birth. but in complicated cases death is the rule.

M. Michon is of the same opinion.

This examination is very instructive. It shows us ten cases of mortality in a comparatively small number of operations; it shows that the early operation is far more dangerous than has been supposed.

M. Denonvilliers was very much surprised that M. P. Dubois had never observed either cutting of the lips of the wound by the sutures, ulcerations nor suppurations from the passage of the needles; while his colleagues, Messrs. Nelaton, Velpeau and Laugier were unanimous in declaring their frequence; and that not only in the very young child but also in the adult. M. Denonvilliers who had himself performed a great number of operations requiring sutures upon the face in subjects of all ages, had always seen the pins break through the skin, and their openings ulcerate, and suppurate, whenever they remained more than three days in place, sometimes there was even a section complete, and gangrene more or less, extensive of the flaps. Such accidents especially were likely to ensue when the parts were isolated in a bridge-like manner, but also took place when the soft parts were well sustained and exempt from stretching. He thought it best, therefore, to remove all our means of union as early as the 12th, 24th or 36th hour.

The discussion has shown that there is little accord among surgeons as to the most favorable period for operating; for while some (Lenior Danyau) operate in a few days after birth, M. Goslin waits until the sixth month, M. Michon the fifteenth, and M. Guersant establishes three periods. Various considerations should be taken into account in estimating the value of these opinions. Age is an element which includes the state of constitution, habits and mode of life. There is sometimes invoke in favor of the early operation a pretended vitality which is more considerable in very young children, the tissues being more tender and vascular. But these considerations, far from being favorable to the early operation, appear to discourage it, for they favor the section of the lips of the wound, and hemorrhage—two accidents the most formidable.

As to the greater tendency to union in infants, it is admitted by everybody, but is nowhere demonstrated, or at least nothing proves that it diminishes with age. The face is preeminently the seat of union immediate, it takes place among old persons as among adults, and with them as ready as in infants. It cannot, therefore, be invoke in favor of the early operation.

The cries and agitations of the child are of much importance, and although these can perhaps be better controlled soon after birth, this can be equally well accomplished up to the sixth month.

The operative procedures are of great weight, and we have already seen that M. P. Dubois loosens the sutures, and renews the threads every day; precautions which perhaps enable him to leave the needles remain in place three or four days. It would no doubt be preferable to not introduce foreign bodies into the wounds themselves,

but to adopt a procedure which consists in placing the threads at a certain distance from, and parallel with the bleeding lips, and then fastening them with bandlets of caoutchouc placed upon two faces of the lip.

M. Nelaton on his part has very happily modified the mode of forming the dependant flaps, and considering that the division of the tissues is much to be apprehended in the new-born child, he withdraws the needles after the end of twelve hours.

To sum up—1st. It is improper to operate on the simplest case of hare-lip soon after birth, because the infant is then too feeble; because the tissues are too soft; because hemorrhage is to be apprehended; and because children often die in the early months. The early operation can only be justified by the superior beauty of its results, which are not sufficiently well proven.

2d. It is best to wait until the sixth or seventh month, because the tissues are then firm, less easily divided, less vascular; children are more robust, and have already escaped the dangers of early mortality.

3d. We should, as far as possible, adopt the procedure of M. Nelaton, or at least the principle of leaving in place as short a time as possible the means of reunion.

If this age should be passed the operation should then be deferred until the sixth or seventh year.

M. Guersant had but two remarks to make:

1st. It is true that the early operation had often been the occasion of death, but was not this caused by the mode of nourishing the infant? For his part he never consented to perform such an operation unless the mother would herself agree to nurse her child. It would be interesting to examine the cases of mortality and see how many of the children had been artificially nourished.

2d. M. Denonvilliers in speaking of the operative manipulations had greatly praised the method of Nelaton to the exclusion of all others; for his part he had often used the elastic sutures of Rigal, and found it to answer very well.

He was gratified that he had been the means of bringing on this discussion, for as to the age when it would be best to operate in complicated cases his opinion was undecided. He should not operate on the case which had been presented until the sixth month. That age appeared to him favorable, because many children died spontaneously during the first months after birth.

M. Cloquet. Every one has observed the ulcerations and slittings caused by the sutures. To prevent this I have long been accustomed not to change the threads, but to early withdraw the pins, leaving the agglutinated threads one or two days in place. These protect the wound, and prevent the seperation of the united tissues.

M. Gosselin. M. Guersant in speaking of the necessity of nourishing the infant at the breast of its mother has introduced a

question of much importance. Two of the children of whose death I have spoken were nourished artificially. This is another reason for deferring the operation, for at the end of five or six months the child will have become accustomed to its method of nourishment.

As to the procedures of M. Nelaton they are certainly of great utility, but unfortunately they are only applicable in exceptional cases.

For the present the cause of death after this operation seems uncertain. We cannot attribute it to the pain for it quickly subsides, neither to convulsions, since they do not appear until the fourth or fifth day; and besides both convulsions and pain are sometimes wanting, and yet the patient will succumb gradually, or as a result of enterétis. He had observed that infants swallow the blood, plastic lymph, pus, and altere saliva by sucking the wound. These liquids introduced into the digestive tube occasion enterétis, and a sort of intoxication. He thought the apparatus of Goyrard intended to prevent the infant from sucking the wound; a happy contrivance.

M. Denonvillers. I believe the method of Nelaton applicable in many more cases than has been supposed. As to the disadvantages of which M. Gosselin has spoken I cannot agree with him. Far from seeking to destroy the small prolongation which passes beyond the lip I should wish to preserve it as a natural means of union in cases where the superior sutures fail.

Editorial.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

We are indebted to the Detroit *Daily Free Press*, for a report of the Proceedings of the American Medical Association; for which the Editor of that excellent paper will please to accept our thanks.

It appears that the members fared sumptuously, and were treated in the most courteous manner by their brethren of the North. An excursion of pleasure in a splendid lake steamer, and social entertainments, were agreeably interspersed with the Sessions of the Association; so that the time of the strangers passed as gently away as the breeze on the placid bosom of the crystal lake. The address of Prof. G. B. Wood on retiring from the chair, touched many points of interest to the Members of the Association; but we have not room to give more than a brief extract, relating to the code of Ethics.

"A great benefit conferred upon the Profession by the Association was the preparation and adoption of a code of Medical Ethics. I need not say to *you*, that this code is merely an expression of the great principles of truth, justice, and honor, in their application to the relations of physicians to one another, their patients and the public. It is the voice of wisdom and experience speaking from the past, and meets a ready response in the breast of *every man of good heart, sound judgment, and upright principles.* Should any one feel a repugnance to its rules rising up within him, let him reflect whether this may not spring from *some evil source in himself*, whether it may not result more from an unwillingness to make a little personal sacrifice in compliance with them, than from a conscientious conviction of their injustice. Which is more likely to be true, the unbiased judgment of the wisest and most experienced of the profession, or an individual opinion which may be at least suspected of a selfish origin? A becoming modesty would lead him to suspect that the fault might be in himself, and a becoming spirit to search in his own heart for the root of the evil, and to pluck it out if discovered.

"I have no doubt that a full observance of these rules, would tend more than any one thing else to maintain harmony in the profession, and to elevate it in the public esteem. It would render impossible those unseemly disputes, founded on petty jealousies, and supposed opposition of interests, which are so apt to expose us as a body to obloquy or ridicule. A copy of the code should be put into the hands of every young man about to enter upon the practice of medicine, with the urgent advice that he should make it the guide of his professional life; that he should not only regulate his conduct in conformity with its precepts, but should educate his heart into a real preference for them."

The revolutionary resolutions offered by Prof. Gross, should be well considered before the next meeting of the Association.

Are we prepared to extinguish the light of the sun, and content ourselves to live, perpetually, in the reflections of the moon; or be subject to the monopoly of a gas company for the light of science? We hope to answer in the negative, next May.

Under the head of Proceedings of Societies will be found a valuable paper read before the Cincinnati Medical Society by Dr. Keyt. The discussion on the paper, which was very instructive, has not been received; except the remarks of Professor Blackman. This omission we regret, but hope to be able to supply it in our next number.

☞ Our subscribers will please to notice their bills, enclosed in the present number. Those who have not paid for the last volume will find their dues for two years added in the same bill. We hope they will find it convenient to forward the money without delay, as it is necessary to "oil our machinery" often to keep the wheels in motion.

A NEW MEDICAL JOURNAL.

The first number of "*The Louisville Review*," is on our table. It is a bi-monthly Journal of practical Medicine and Surgery; edited by S. D. Gross, M. D., and T. G. Richardson, M. D., and published by Hall and Brother, Louisville, Ky. Terms $3 00 per annum in advance. It is printed on good paper, and in every way is a fine specimen of the typographic Art. From the excellence of its original matter—its copious reviews and its spirited editorials, we infer that it is to be a high toned—first class Journal. It affords us much pleasure to receive the review in exchange for the Lancet.

MARRIED.

May 6th, by the Rev. Mr. Brooks, Prof. Samuel G. Armor, of the Ohio Medical College, to Miss Mary M. daughter of C. B. Holcomb, of Dayton, Ohio.

In days of yore, the men of old,
With sturdy limbs and courage bold,
Thick mail'd in steel ne'er shunn'd a strife
With love, the prize—the hazard, life.

In these wild games where swords or spears,
Decided soon the fate of years,
Some Lady's smile nerv'd in the fray,
The conquering hero of the day;
And bless'd him with a "virgin zone,"
As Hymen join'd the twain in one.

From strifes like these great Caste's aspire,
To trace descent from some brave sire,
Whose deeds of valor won the fair,
And thus, a nation, for an heir.

But who can sing—what Prophet see
The coming race that springs from thee,
Thou conquering fair who fought and won
Before thy ARMOR was put on?

WESTERN LANCET.

EDITED BY T. WOOD, M. D.,

Professor of Anatomy in the Medical College of Ohio, and one of the Surgeons of the Commercial Hospital.

No. 7.] CINCINNATI, JULY, 1856. [Vol. XVII.

Original Lectures, Essays and Communications.

The proper treatment of Dysentery. By Wm. H. Houston, M. D., Urbana, Ohio.

If there is any one fact connected with the subject of medicine, better established and more generally admitted than another, it is, that pathological knowledge is the basis of all *scientific* treatment of disease. And herein the Regular Profession stands in striking contrast with all the various systems of quackery that have ever been invented by ignorant or designing pretenders of the healing art; and by this test the *true scientific* physician is readily distinguished from the *ignorant quack* and the mere *routine vender* of pills and potions.

Take for example, Homœopathy, that boastful and paradoxical system which has for the chief corner stone of its baseless fabric, the maxim, that the *less the cause the greater the effect produced*, and what necessity is there, according to this system of delusion, for any knowledge of the causes, remote or proximate, of any disease whatever? According to this system, every disease has certain peculiar, diagnostic, or characteristic symptoms, and each article of the "*Materia Medica Pura*" when given to a person in a state of health produces symptoms peculiar to itself. In order, therefore, to

treat a case of disease *Homœpathically*, all that is necessary is to determine what the ruling symptoms are, and then administer that medicine which produces corresponding symptoms in the healthy subject. Now it is obvious, according to this theory a very small amount of medical knowledge is sufficient in order to practice Homœopathy; and accordingly we find *laymen* and *laywomen* armed with their vials of Homœopathic globules and *symptom book*, prescribing for cases with all that presumption which vanity and ignorance never fail to inspire. The old adage that "a little learning is a dangerous thing," is rejected, and another substituted, which declares that the "*thirtieth dilution*" is more valuable than a full dose. According to their own showing, any old lady who can determine the ruling symptoms of a case, and who has progressed far enough to be able to read the *symptom book*, is just as good a homœopathic doctor, as Hahnemann himself. And this is the *beautiful system* which claims the confidence and boasts the patronage of a portion of the *elite* of our cities and villages. If ignorance is bliss, the homœopathic brotherhood must be supremely happy.

As with quack symptoms, so it is with quack remedies, they know nothing of the exact pathological condition of the patient. It is not that among the flood of nostrums which deluges the country, there are more which profess medical virtues, that we object to them, but it is because they are prescribed for *names* or *symptoms* of disease, without knowing what the condition of the patient is which gives rise to these *mere manifestations* of the real disease, and without any regard whatever to the various complications and peculiarities of each case. Suppose for instance, we admit that Ayres' Cherry Pectoral is a good preparation, does it follow that it can be prescribed and taken with advantage, or even with impunity, by persons who know nothing of the nature of diseases or of remedies?

Arsenic, strychnine, and prussic acid are good remedies; but who ever thinks of taking these articles without the ad-

vice of a physician? And yet there would be as much propriety in taking strychnine, arsenic, or prussic acid without the advice of a well-informed physician, merely because they are good medicines, as there is in taking Ayres' Cherry Pectoral or any other quack nostrum, without such advice. Aye, there would be more propriety, for with one case the patient knows what he is taking, and in the other he does not.

Prescribing for names or symptoms of disease, requires so little labor of investigation that even regular physicians are prone to fall into this evil habit. But it should be remembered that the treatment of any disease (however successful) which is not based upon a correct knowledge of the pathological condition of the part affected, is nothing more nor less than empiricism.

In those diseases the pathology of which is not understood, and in those only, is such empiricism justifiable.

It seems not a little singular that notwithstanding the profession are united as one man in asserting that dysentery is an inflammatory affection of the mucous membrane of the colon, there should be such a variety of views in regard to the proper method of treatment. There being such an entire unanimity in regard to the pathology of this affection, we should expect to find a similar agreement in regard to the proper mode of treatment.

The discrepancy which exists in regard to the treatment of this affection, doubtless had its origin in the pernicious habit before alluded to, viz: of prescribing for *names* or *symptoms* without stopping to inquire minutely into each case, and ascertaining if possible what the exact condition of the system is which gives rise to all the prominent and obvious symptoms present in each individual case.

Post mortem examinations of dysenteric subjects prove beyond the possibility of a doubt that the essential nature of the disease *is* inflammation of the mucous membrane of the colon. In order therefore, to treat the disease in accordance with the principles of true science, it is necessary to know exactly what we are to understand by the term "inflamma-

tion;" for unless we have clear and definite ideas in regard to the nature of inflammation, from its *incipiency* to its *full development*, and also are familiar with the causes which produce it, we gain no additional knowledge by substituting the term "inflammation," for the term "dysentery."

Inflammation is not to be regarded as being but a simple step from a state of health; it is as is well known the third stage of a morbid process which commencing in a very slight departure from a state of health often ends in the total destruction of the part. The first stage is that of simple vascular excitement. When an impression that is competent to arouse inflammatory action is made on a part, the *nervous* tissue of the part is the first to take cogizance of the injury; the impression thus made on the sentient extremities of the nerves is communicated to the nervous centre, and a reflex action is transmitted to the vascular tissue of the part, which is aroused to increased action, and a determination of blood ensues, the effect of which is an increase of the healthy function of the part implicated. If the natural function of the part is secretion, that action is increased, but not *necessarily* perverted. If the offending cause be removed by medication, the over-action that it has induced may subside, and the part return to a state of health; or the increase of the natural function may of itself be sufficient to remove the exciting cause, and the part may thus be permitted to resume its natural healthy function without the interference of art. But if the exciting cause remains, and in some cases although it be removed, the action that it has induced does not abate, but advances to the second stage, that of "active congestion." In this stage there is not only a greater amount of blood sent to the seat of disease than in the healthy state, but the circulation in the *part itself* becomes *slower* than in a state of health; exudation is not only more copious than in the previous stage but becomes *perverted.* Even in this stage, if the exciting cause be removed, the unheathy action *may* subside, and the part return to its normal condition. But if not thus relieved the third stage ensues. In the third stage the

arterial excitement is still further increased, a greater amount of blood is directed to the part than in the preceeding stage, while at the same time the circulation in the affected part is impeded to such a degree as to amount to almost complete stagnation; the natural function of the part is either entirely suspended or greatly perverted, and true inflammation is fully established.

A question might arise here as to whether dysentery includes these three separate and distinct stages, or whether the term is applicable only to fully developed inflammation of the mucous membrane of the colon.

If, however, we lose sight of mere *names*, and are careful to ascertain what has produced the attack, and also to interpret the symptoms present in each case in accordance with sound principles, it matters not, so far as treatment is concerned, which of these views we adopt.

If we have a case that presents symptoms which indicate merely simple vascular excitement, it will not be necessary to resort to those means which are known to be most effectual in combatting fully developed inflammation. And, on the other hand, if the symptoms indicate that true inflammation is fully developed, we should not rely solely on those measures which are sufficient to allay simple vascular excitement, or remove active congestion.

If the attack has been caused by irritating substances applied directly to the mucous membrane, and if they are still retained, the removal of such offending substances by mild laxatives, and the subsequent administration of anodynes to allay the irritation which has been produced, will be the proper course to pursue. If however, we have reason to believe that the offending substances have already been removed, we may dispense with the use of evacuants, and successfully combat the disease with anodynes alone. If the attack has supervened in consequence of a checked state of the perspiratory apparatus, the exhibition of those remedies which are calculated to produce a determination of blood to the surface, such as Dover's powder, or opium and ipecacuanha, the warm

bath and external revulsions will be proper; the object being to restore the healthy action of the skin and allay the irritation of the bowels.

The same cause that has operated to disorder the perspiratory function may have produced derangement of the liver, and in that case the addition of some preparation of mercury will be highly important. If the excitement of the pulse and the febrile disturbance of the system, lead us to infer that inflammation is fully developed, we should advance a step further, and begin our treatment with general or local bloodletting, or perhaps both, to be followed by nauseants, laxatives, anodynes, revulsives, and if necessary, mercurials.

Thus, in accordance with the principles of true science, should we treat this disease, instead of engaging in a vain search for a single remedy or a single prescription to meet various and often opposite indications.

If however, we *were restricted* to the use of a single remedy in treating this disease, I would take opium in preference to any other remedial agent known to the Profession. And why? Not because opium is a more potent antiphlogistic than the lancet, but because it is competent to fulfill a greater number of indications which are always present in dysentery than any other single article with which I am acquainted. It allays the nervous irritation, produces a determination of blood to the surface of the body, quiets the spasmodic action of the bowels, relieves the distressing pain and tenesmus, and thus affords an opportunity for the system in virtue of its inherent powers to overcome the morbid action which constitutes the disease.

But as we *are not* thus limited to the use of a single remedial agent, I would not, highly as I value it in the treatment of dysentery, confine myself to the use of even opium alone, but would resort, as the indications should seem to require, to general and local bloodletting, nauseants, mercurials, laxatives, anodynes, diaphoretics, and revulsives.

On Periodicity, Intermittency or Remittency of Disease. By ABRAM LIVEZEY, A. M., M. D., Lumberville, Pa.

NO. III. TYPHUS AND TYPHOID, OR ENTERIC FEVER.

Having shown in the previous article that simple and bilious remittent fevers are but modifications of the intermittent, influenced by locality, season, habit and predisposition; it only remains to prove that the diseases under consideration resemble each other, are from like causes with the remittent, are remittent and not continued, though called such, (all indirectly admitted facts,) and are promptly amenable to the same treatment, and far more successfully managed thereby. In other words, we hold, that the various fevers spoken of by authors such as typhus, typhoid, nervous, jail, ship, hospital, *et id genus omne*, are mere modifications of remittent, intensified in their localisms of a general febrile disturbance of the totality of the system; that their several aspects only mark the continually increasing preponderance of the electrical state (depression); and that all arise from a common cause, which is the only defensible and rational doctrine.

In reference to the remittency of *continued* (?) fever, we have the expression of Hippocrates, that "the fever increases daily and has exacerbations." Cullen, too, observes, that "in a long course of practice I have never seen a continent fever which is supposed to consist of one paroxysm only." Is not every medical man, with any observation and experience, willing to admit the same? Says Dr. Clark in "Observations on Fevers," before quoted, "in continued fever alleviation and exacerbation may always be perceived—that all fevers of this type suffer an exacerbation towards night and that therefore it is the nature of every fever to remit." And further, he adds that "continued fevers do not differ more from the remittent than the remittent from the intermittent. The frequent changes into each other, show them to be of the same genus." Prof. G. B. Wood even is constrained to admit, what I have often observed, that "enteric fever occasionally ends in intermittent," that oftentimes when convalescent, "a fe-

brile paroxysm appears every day and copious sweats ensue at night," and that "bilious fevers sometimes show signs of enteric fever during their progress." Hence we can boldly declare that we have never had, nor can no more have a *continuous* paroxysm or febrile disturbance in the human organism, than we can have, in the domains of nature, a continued tempest; storm or earthquake.

If we take the symptoms of these fevers, as described in these books, instead of our own close observation, we learn that they also conform to the general laws of periodicity: For Dr. Wood says, of typhoid fever, "the disease sometimes begins abruptly by a chill, but more frequently comes on insidiously with a slowly increasing intensity, but with a tendency to daily remissions for several days, sometimes even for a week:—Again, "in very many cases (all?) a tendency is observed in the febrile symptoms to remission, sometimes daily, sometimes twice a day; and occasionally the exacerbation subsides with slight perspiration." Of typhus fever, he says, there is frequently an "alternation of chilliness and heat several times, &c." "A paroxysmal tendency is often observed in the febrile symptoms; an exacerbation generally taking place towards night, and a remission in the morning.

And as for the causes of these fevers, Dr. Wood says

Of Typhoid Fever	Of Typhus Fever.
That it is "often generated in situations where human beings are crowded together with insufficient or unwholesome food, and a confined and vitiated air. Hence it appears to originate especially in prisons, badly ventilated hospitals, large cities, camps and ships," &c.	"All that is absolutely essential is, that there should be numbers of persons crowded within confined and ill-ventilated places, &c., &c." "Hence the disease has often made its appearance in camps, prisons, ships, hospitals, garrisoned cities, &c.; among the lowest and most vicious people, inhabiting the cellars, lanes," &c.

"Many facts (too) have been adduced to prove (them both) to be contagious." But "as to the real nature of the fever (enteric) we are in the dark, as we are, in fact, in relation to all the essential fevers," typhus of course included.

Now to get out of the "dark," it seems to me, that we must acknowledge that all fevers are remittent, and receive the "common causation" doctrine as a truth. For after a large ex-

perience and an extended observation for many years, in several endemic visitations of so-called bilious and typhoid fevers, and numerous sporadic cases; I am fully convinced that we have, simply, REMITTENT FEVER, intensified in its localisms by predisposition, modified by location, and no little influenced by the course of treatment pursued. As example, if six men be exposed to a cold rain of a night, two may escape, while the four other may be attacked on the morrow, on account of predisposition, with as many different (nosologically named) diseases. And so, cases of fever along our canals, from off ship-board, in filthy lanes or cellars," in low swampy situations will generally be found to be more severe than those in better ventilated places and healthier locations. And lastly, the treatment pursued, if irritative and strongly antiphlogistic, can easily make an aggravated case of typhoid or even induce typhous symptoms, in a case of simple remittent, by inducing the electrical state. (Vid. art. I.)

Thus do coincidents influence the *man* and not the *disease* so called. In the several typhoid endemics—confined to small rural districts and incontestably springing from the same cause I have seen every variety of form as described in the books as belonging to the bilious, remittent and typhoid,nay more,even in the same hour where three or more in succession have been attacked, I have seen the pulse, the grade of fever, the appearance of the tongue before and during convalesence, the condition of the bowels, the tympanitic state, the tendency to delirium, &c., all differ decidedly, over and again, as in scarlatinous visitations. Whilst the only constant symptoms present in every case have been simply exacerbation and remission. When a mild, soothing treatment is resorted to, I seldom see delirium, where enemata are freely used, instead of purgatives, seldom any tympany and its accompaniment tenderness upon pressure; seldom any diarrhœa or distressing nervous symptoms when calomel, antimony and nitrate of potassa are withheld; and no taches rouges, petechiæ, or sudamina when the system is not sunken into the electrical state

by powerfully depressing agents. For Prof. Wood says, "tympanitis does not begin with the disease—coming on usually about the seventh day." The same of the red colored eruption, the intestinal affection,—of the lesions of the glands of Peyer and Brunner,—these are "not present in the commencement of the disease."

As for the eruption, I very seldom see it, while Prof. T. D. Mitchell has seen it in intermittents and remittents both in Philadelphia and the Western States. A student in Kentucky cites in his Thesis, 150 cases which occurred in his preceptors practice, and only two of the whole number presented the peculiar *taches rouges*. Dr. Sutton of Georgetown, also, in an admirable essay on typhoid fever, states that he has not been so fortunate as to see this eruption. Hence it can only be an incidental or accidental circumstance, depending, probably, more upon the depraved condition of the blood, irritating treatment, &c.

The assumption that, in typhoid fever, there always exist lesions of the glands of the alimentary canal, is not tenable, For, among others, Andral and Chomel have seldom found those lesions. Of 229 cases at *La Charite* only 92 showed them. "Now the question arises, are these lesions the effect or the cause,—the result of the disease or the effect of injudicious treatment? They cannot be the *cause* when they don't exist; and, unless the patient die, how do we know that there are lesions there?

What then, the reader may ask, have we? I re-repeat simply remittent fever; all the different forms of fever are but grades and species of one, differing in different constitutions, locations and the intensity of the morbid cause; the duration and varying symptoms depending on the grade of seizure and the mode of treatment; different seasons and epidemics producing difference in the run of cases; and lastly the condition of the blood is a powerful modifying cause of different forms and varieties of fever.

For the blood is as the food, and hence if a person, living

on miserably poor diet and at the same time dwelling in a filthy hovel, illy-ventilated, should be attacked with fever, surely no physician in his senses would expect to see the fever pursue the same course, as in those better circumstanced. Hence the "dingy look," the "increased stupor," and the petechial or "dark colored eruption," described as belonging to the typhus condition, seen in the poor Irish and other emigrant patients, on account of the depraved state of the blood and fluids generally, and the deteriorated condition of the solids But lest I become tedious, important as the subject is, I will withhold further remarks and conclude with a few words on the treatment. Let it be remembered that all fevers have in themselves "inherent remissions." But if we find the patient in a febrile paroxysm, an emetic of ipecac, or nauseants will do the work. And then comes quinine, which is the great remedy and must ever be, as it is the most powerful anti-periodic known; and such being its magnetic character, it is directly antagnistic to that depression which induces the typhoid symptoms, and the earlier it is employed the better—because there are "no lesions or local inflammations in the beginning" to combat. Give quinine then in full doses, on the remission, at the very incipiency of the disease. If deferred to a late period it may not succeed; neither will it be successful in ague if lesions be present. This is the prevailing fault of the faculty. They continue cathartic and other depletives, deferring the early administration of quinine because the tongue is not clear, because the remission is not an intermission.

Dr. T. D. Mitchell cites the case of a farmer, eight miles from Lexington, Ky., who had copious hemorrhage after taking blue mass, Cook's pills, &c. He gave him thirty grains of quinine and applied blisters, which at once prevented exacerbation, and the man was soon well.

Dr. Fearne, in the Southern Medical Reports, 1850, states that "hemorrhage from the bowels had killed many." He then gave twenty grains quinine at a single dose, repeating it once or twice hourly, by which the pulse was reduced from

120 to 80, before the second hour, and the skin was moist before the third dose was administered.

Dr. Bates, of Alabama, in a paper published in the American Journal of Medical Science, says: "In my region typhoid fever is remittent, and quinine is the remedy."

Says Prof. T. D. Mitchell, (Therapeutics), "Even typhoid fever, which is evidently paroxysmal, or periodical to a certain extent, at the onset, is often cured by this medicine (quinine) when there is no lesion in the bowels to prevent the anti-periodic action."

In the low remittents and typhoid fevers of the west coast of Africa, and Rio de la Plata, quinine was certain to make obscure remissions very complete; to clear off the tongue and improve all the symptoms.—*Vid. London Lancet, July*, 1854.

In the Philadelphia *Medical Examiner*, Sept., 1849, is a criticism on the curative action of quinine in intermittents, in which the writer maintains that the same remedy cures *typhus* and *typhoid* fevers as well as intermittents and remittents.

But if (after a remission is obtained by an emeto-cathartic, nauseants, &c.), quinine fails to produce a resolution in disease, but little need be done, save the giving of sp. ether, nit, sp. mindereri, sponging as indicated, the application of cups to local determinations, the use of oil, or oil and enemas alternately until the disease exhausts itself, or until the tongue assumes a dark reddish, dry appearance, with tympany of the abdomen, and then the free use of turpentine in mucelage, (gtt. x every two hours) will prove a specific.

The Poisonous Effect of Lead: By EDWIN R. MAXSON, M. D., of Geneva, N. Y.

Though lead, in its various forms, has long been recognized as a poison, both to man and the lower animals, I suspect that the extent of its pernicious effects, are not yet fully appreciated.

I am satisfied by careful observation, that lead colic comprises but a small share of the morbid conditions which are produced by lead. And that the systems of many persons, exposed to lead, suffer severely from its effects, without the development of colic; at least in its marked form.

Lead may be, and frequently is, introduced into the system by the stomach, by the lungs and by the skin.

It is taken into the stomach as a medicine; or, accidentally, in various solid or liquid substances, especially in the various kinds of wine, which often contain it; or, where lead is used, floating particles of it, in the air, may become entangled in the saliva, in the mouth, and thus accidentally introduced into the system.

The oxides, or carbonate of lead, may be taken into the system, by the lungs, in fine particles, with the air which is inhaled wherever these preparations are exposed to the air; the absorbants of the lungs receiving and carrying the particles into the blood, with which they are carried to every part of the system.

Lead is frequently introduced into the system through the skin, being applied as a remedy; or, being diffused in the air it may become attached to the skin; and, in either case, by exposure to the absorbents of the skin, it is taken up and carried by them into the blood and thence goes to every tissue of the body.

In these various ways, I apprehend, lead is often introduced into the system, in its different forms; and, though its effects are more frequently observed in persons employed in lead manufactories, in painters, or those who use white lead, I am compelled to believe that its pernicious effects are by no means confined to such; but, that it often produces very serious effect upon persons who are exposed merely to newly painted rooms—especially upon children; one marked case of which, with Paralysis as a consequence, I now distinctly remember.

Even the pure lead, by exposure to the air, and the various acids which it contains; or, which are accidentally brought in

contact with it, is often the source of serious mischief. And when we remember how often lead is made the conductor of water and other liquids, for culinary and drinking purposes, we need not think strange that Neuralgia, Paralysis and other kindred affections are so common.

I saw a striking illustration of the effects of lead a few years since, on the lower animals, in the poisoning of several cows, by eating hay from a wagon; the hay having been partially saturated, accidentally, with a mixture of pure White Lead and oil.

But a more direct illustration, however, of the danger of lead, as a conductor, I saw illustrated in the poisoning of a herd of swine, caused by a passage of the sour whey, upon which they were fed, through a lead pipe, in being conducted from a reservoir to the trough. In this case, the symptoms were those of lead colic, and those that died appeared apoplectic.

Thus, we see, that lead may affect not only man, but the lower animals, and frequently from what would at first appear like a very slight exposure. And it is evident that in whatever form or manner lead is introdueed into the system, it soon passes to the various tissues of the body and appears to assume a form which renders the absorbant lymphatic vessels more or less incompetent to take it up, in consequence of which it is mostly retained in the system, irritating the cerebro-spinal and ganglionic system, and thereby developing the train of symptoms which follow:

The patient loses his appetite—the gums, and sometimes the mucous membranes of the mouth assume a darkish tinge, the teeth become discolored, there is a sweetish taste in the mouth, fetid breath,, sallow skin, yellowness of the conjunctiva, with a soft, compressible and slow pulse.

If the impression is strong and long continued the patient feels sick, discharges saliva from the mouth, and has exceedingly restless nights, vomits everything he swallows, and suffers from severe acute neuralgic pains, as well as frequent attacks of Colic and often Paralysis, or Apoplexy.

The Neuralgia and Paralysis when they exist as symptoms are evidently the result of irritation and consequent congestion of the brain, or spinal cord—but, in those cases in which Colic often occurs, I suspect there is in addition to the cerebro-spinal irritation, serious derangement in the ganglionic system of nerves, and that the immediate cause of the Colic is at first spasmodic, and later permanent contraction of the Alimentary Canal, especially of the Colon, while other portions become paralyzed, relaxed, or very much distended. This is rendered certain to my mind, for in nearly every case, that I have examined both in man and the lower animals, I have found contraction of some portion of the large intestines and dilation of other portions, the contraction in some cases barely admitting the passage of the little finger.

TREATMENT.—The treatment which I have found most effectual is dry cupping along the spine, to overcome congestion, and thus relieve the Neuralgia and spasm of the Colon, as well as prevent Paralysis of other portions of the Alimentary Canal—Quinine, in small doses, to equalize the circulation, and, if the Neuralgia be severe, Ext. of Hyoscyamus or Tr. of Stamonium as an anodyne or anti-spasmodic.

To remove lead from the system and to overcome its deleterious effects as far as may be, the Iodide of Potassium in five grain doses, three times per day, given in solution, and continued for a long time, is, according to my observation, the best remedy we possess.

And this is as we might expect, for it not only unites with the lead, forming a soluble compound, which the absorbants may readily take up; but, it also stimulates the absorbant, lymphatic and glandular system, to take up this noxious agent and remove it from the system with the various excretions.

On the Treatment of Badly United Fracture. By GEO. C. BLACKMAN, M. D., Professor of Surgery in the Medical College of Ohio, and Surgeon to the Commercial Hospital, Cincinnati.

Geo. Gross, æt. twenty-four, was admitted into the Commercial Hospital on the 11th of April. He had an aggravated lateral curvature of the spine, and a hideous deformity of the right lower extremity, the result of a badly united fracture of the femur. The accident occurred on the 8th of February last, and the fracture was situated a little above the middle of the thigh. A practitioner was called immediately, and an apparatus applied for thirty-one days, during which period, the patient asserts, the dressings were not changed. After the removal of the apparatus, he attempted to walk on crutches, but fell on his hip. The practitioner in attendance declared that the femur was not refractured, and predicted that, with the aid of a high-soled shoe, he would soon be enabled to walk. At the time of his admission to the Hospital—nine weeks after the first accident—the limb was six inches shorter than the other, and the upper and lower portions of the femur formed nearly a right angle. The callus was firm, and resisted my strongest efforts with the hand. On the 16th of April, in the presence of many physicians of Cincinnati, and the medical class, I perforated the line of junction at various points, with a drill of rather a larger size than is ordinarily employed for this purpose. The callus now yielded to the force of the hands, and the limb was found to be of about the same length as that on the other side. Both feet were now secured by means of adhesive plaster, to the foot-board of the bed, and another broad band, embracing the middle third of the affected limb, was passed over the sound thigh, so as to make a splint of the latter. This is my favorite method of treating fracture of the femur, and I believe that I have thus made a valuable improvement on Dr. Van Ingen's treatment, which consists in making counter extension by securing the foot of the affected limb to the foot-board, and extension, by the weight of the

body, the foot of the bed having been elevated by means of bricks or blocks of wood. My addition renders the extension and counter extension more complete.

To return to my patient: in five weeks he left his bed with a limb perfectly straight, and no perceptible shortening. On the 11th of the present month (June), he called at my office, walking with tolerable ease, and as he is daily gaining power, he will undoubtedly, in a very short time, have as good use of the limb as before the accident.

Some Desultory Observations at Sea. By D. W. MAULL, M. D., Delaware.

An experience of even a limited "life on the Ocean wave" cannot fail to result in the accumulation of some facts in medicine, which though simple, and, for the most part unimportant they may be, are still not totally devoid of interest to the physician, but will impress his mind as singular in their character. Medical gleanings on ship board may at times be interesting to the observer, though they should not be fraught with truths disposing materially to the advancement of science. The surroundings there are well calculated to occasion peculiarities. Irrespective of constant atmospheric changes, difference in diet, and damp and crowded apartments, there are other influences operating generally.

The very general costiveness that ensues among nearly all classes during some portions of a sea voyage, cannot but be observed. An almost entire torpor of the intestines is occasionally consequent upon it. The surgeon's attention is daily called to this want of tone in the bowels: it is a subject of common complaint. To strengthen this, it may be said that it has been remarked that seamen only evacuate immediately after every storm; but this is hyperbolical, though in the main it is undisputed, that they are by no means regular in their attendance at the temple of Cloacina. In some cases, with-

out the aid of laxative medicine, defecation would scarce be effected for a fortnight. Again, it is very difficult commonly to induce the proper action of cathartics; they appear in a great measure to lose their efficiency; the quantity must needs be increased. This intestinal inaction may in part be owing to the nature of the diet. In this connection it may be observed that oatmeal, which is sometimes substituted for other articles of food, possesses a very apparent influence upon the bowels of those not habituated to its use: it becomes quite laxative in its tendency. Indeed, I have seen a number of cases of diarrhœa and a few of dysentery to be attributed to nought else. Dysentery if not watched carefully, and judicious treatment pursued, is very likely to merge into fevers of a typhoid type: the former is sometimes confined almost exclusively to one side of the ship. It is marked by few characteristics not found in the disease under other circumstances.

It cannot readily escape notice that a copious diuresis becomes a source of discomfort to many, there appears at times to be a species of diabetes, which renders it necessary for the persons affected to discharge the contents of the bladder almost or quite every hour; indeed, incontinence of urine occasionally results, in persons in excellent health, who never before were annoyed by it: this disorder may continue for a day or two and then disappear, the general health in the mean time suffering in no wise. Mayhap this local affection has its origin in the vicissitudes of the atmosphere, since the secretion of urine is in general in an inverse ratio to that from the cutaneous exhalents.

There appears to exist a decided tendency to boils and cutaneous eruptions, a salt diet may excite this. Tinea Capitis, from the want of cleanliness among those in crowded rooms, becomes rather frequent. I have known two children in the same berth simultaneously affected with this eruption. Wounds quite slight in their aspect, manifest a disposition occasionally to assume an erysipelatous appearance.

Women, during the period of gestation, though they had enjoyed a comparative immunity from excessive irritability of stomach previously, are most apt to be sick during an entire voyage.

Cynanche Tonsillaris might be presumed to make an invasion occasionally. It sometimes similates an epidemic, affecting those in contiguous berths. The disease becomes quite severe, impeding deglutition and articulation; it is accompanied with slight febrile action, tumefaction and inflammation of the tonsils and fauces; the lymphatic glands of the neck are also somewhat enlarged. In some instances I have seen an efflorescence similar to roseola, make its appearance upon the arms and chest, and disappear after a few hours. This affection is by means intractable, terminating in resolution; the administration of a saline cathartic and the application of a blister to the throat invariably relieve it. Other affections of the respiratory system become quite common; these portions appear to be peculiarly obnoxious. Shonld a child with the whooping cough come on board, the probability is that it will be troubled with it the whole passage. The air is prejudicial to children, subjecting them to attacks of colds and coughs.

Such are the simple and unpretending results of a few months' experience in practice of this nature.

APRIL 17th, 1856.

Encisted Dropsy in a Man. By J. J. POLK, Perryville, Kentucky.

In the year 1839 I was called to see Capt. THOS. DURHAM, in consultation with Dr. KNOX, the family physician, who had been treating the case as enlarged liver, for more than three months. On examination, I found the right hypochondrium, filled with a large, and apparently inelastic tumor. No fluctuation whatever could be discovered. Notwithstanding after hearing a full history of the case, I came to the conclusion

that it must be Encisted Dropsy, and advised tapping. This was refused without a full examination, by old and experienced physicians. Such an examination was had and after many hours of debate, upon the nature of the case, a vote was taken and stood—for tapping two, and against it three; so the operation was deferred. General remedies were then used by Dr. Knox, in hope of reducing the tumor, as he supposed it to be; but failing, the patient sent for his former advisers and demanded an operation in accordance with their views. Dr. J. Wilson, Dr. Slovens, Dr. Knox, and myself met at the patient's house, to comply with his request. After placing our patient on the edge of his bed, with his shoulders slightly elevated, the common Trocar and Canula were made to enter the most prominent part of the cyst, i. e. midway between the spine of the Ilium and false ribs. When the Trocar was withdrawn, a dark fluid, resembling strong coffee, spouted at least six feet from the Canula. Vessels were at hand to contain it, and it measured three gallons and three quarts. Appropriate tests proved that it contained about fifteen per cent of Albumen. The patient was walking about his room in a few days. However, in less than twelve days it became necessary to tap again, when more than two gallons of fluid, of a lighter color, but of the same character, was drawn off. After this it became necessary, as we thought, to keep the orifice open, for the purpose of giving exit to the constantly accumulating fluid, and with the hope that the air might excite the secreting surface of the sac, and thus produce suppurative or adhesive inflammation. To accomplish this end, a leaden canula, four inches in length, was adjusted to the orifice and held in place by adhesive straps and a bandage; and different kinds of stimulating liquids injected into it daily. In a few days it was discovered that every effort to get rid of tapping had failed. A strong membrane formed under the end of the canula and gradually thrust it out. We were now compelled to tap, at least every ten days. In this way over fifty gallons of fluid was drawn from the patient's side in the space of six months. Capt. D., before his sick-

ness, was an athletic man, full flesh, temperate, weighing two hundred and ten pounds, sixty-two years ofage, a blacksmith in his younger days, shoeing a great many horses.

Under the disease above described, he wasted to a skeleton, and died in the most excrutiating pain, occasioned by complete stranguany.

A post-mortem examination was not allowed, the wife and children being opposed to it.

Fungus Hæmatodes, cured by Chloride of Zinc. By F. J. COGLEY, Madison, Ind.

In February 1856, I excised from Mr. P. M., aged twenty-four, an enormously enlarged testicle, which on examination proved to be, unequivocally, *medullaay sarcona.* There is not a larger, or purer specimen, of Medullary cancer, in the British or French Museums. About the middle of January, the wound being nearly healed, he returned to his home; but soon found it would not entirely close. He returned to me the first of March, with a bleeding fungus, the size of a hens egg, protruding from the small portion of the wound, which had refused to heal. It was, beyond doubt, *fungus hæmatodes.*

I transfixed the base of the tumor, with two sharp pointed probes, crossing each other at right angles, and involving considerable sound tissue: then applied a strong ligature below the probes, in order to prevent hemorrhage; afterwards I protected the scrotum from the Zinc, by muslin strips passed round under the probes. After removing a portion of the fungus with the scissors, I applied the Chloride of Zinc in its purity, and continued its application until the fungus was entirely destroyed. In a few days, a very deep eschar came away, and the ulcer healed very rapidly, so that in twenty days, he again went home with the wound entirely closed. It is my decided opinion, that if I had excised this fungus, it would have been rapidly reproduced; nor do I believe that

any "*combination*" of "*chlorides*"* could have enhanced the value of the application.

This patient has had a slight cough, with bloody expectoration for more than a year; his general appearance cachactic; and it seems more than probable he has fungi in his lungs, but is enjoying tolerable health.

* Lancet, June, 1855.

Proceedings of Societies.

CINCINNATI MEDICAL SOCIETY. Discussion on Opium in some of its Therapeutic relations *continued.*

Dr. CARROLL said that opium as a therapeutic agent occupied a prominent place in our Materia Medica. With regard to its *modus operandi* and general efficacy, he could agree with the Essayist on most points. There was a danger of placing too great a reliance on its remedial qualities, to the neglect of other more important means. Cases have occured in which it would appear this was so, or the pathological nature of the disease had been overlooked. This has not unfrequently been the case in dysentery, where opium has been given during the inflammatory stage without the precaution of depletion prior to the administration of opium, the sudden arrest of the discharges by which nature endeavors to relieve the congested membrane will at once point out what result may be expected from such a course. If, however, the inflammation be first controlled, the opium may be had recourse to with decided benefit.

The arrest of the secretion in dysentery in the early stages from a decoction of oak bark, not unfrequently given in the country, has been productive of fatal consequences.

Dr. B. F. RICHARDSON said, that though he could not say much from actual experience, with regard to the treatment

of cholera by opium. He believed it pretty well established it was not attended with that success which was hoped for, or which would compare favorably with other plans of treatment, either in small or large doses.

It appeared to him that the successfulness of the remedies employed depended in a great measure on the nature of the epidemic, or rather the time during the course of the epidemic. He had remarked the general successfulness of a remedy at one season, which at another would seem to act almost injuriously—during one epidemic calomel and capsic. was found the most efficient remedy while in another it had apparently a deleterious effect.

The same will apply in treatment of dysentery, whether it was of a sthenic or asthenic type, as to whether depletion should be employed or not.

Dr. Armor concurred in the general views expressed in the paper. He regarded opium as the most efficient, the most indispensable, and, when injudiciously administered, one of the most mischievous agents of the Materia Medica. He did not propose, however to discuss the general therapeutics of opium—this had been done in the Essay.

But he thought sufficient prominence had not been given to opium as an *antiphlogistic*. For many years he had been in the habit of using it boldly in the treatment of the *acute phlegmasia*, especially in inflammations of serous structures. In large doses—and he meant by a *large* dose from three to five grains—its effects are decidedly *sedative* and *antiphlogistic*. In the treatment of acute pleurisy, in its first or forming stage, its effects are often singularly displayed. First bleed the patient—if his constitution will admit of it—to the point of syncope; then protract the depression by large doses of opium. This would, he believed, in a large majority of cases, arrest the disease at once.

In acute peritonitis he regarded its effects as equally manifest; but, in all instances, it should be given to the point of *complete narcotism*, or until the respiration is decidedly

affected. Opium, thus administered, is sedative and antiphlogistic in its effects.

He could not agree with the Essayist in his indiscriminate use of opium in abdominal diseases. He had had abundant opportunity for testing its merits in the Commercial Hospital. Diarrhœa is the pest of Hospitals. In serous and *painless* diarrhœas he had little or no confidence in its use. Indeed, he thought it often did harm by relaxing the muscular tissue and favoring the effusion from the debilitated and relaxed capillary vessels. In all instances diarrhœa is but a *symptom* —an expression of a certain *state* or *condition*. That state or condition must first be corrected. In serous or painless diarrhœas opium is not the remedy. Better give local stimulants and astringents, or the mineral acids. But if *pain* and *irritation* are present we have no substitute for opium. He regarded no fact as better established than this by experience at the bed side.

He desired to call the attention of the society also to the effects of opium in *febrile* diseases; and here we have a striking illustration of the fact that every thing depends upon the mode in which this drug is administered—at one time sedative and antiphlogistic, and at another stimulating and supportant.

In the dangerous and troublesome *Coma* which often occurs in the last stages of the adynamic fevers—coma from nervous exhaustion—we have, perhaps, no remedy equal to small and *sustaining* doses of opium. He had been in the habit of using it freely in this class of cases, and never had had occasion to regret its use. But to secure its good effects it must be given in sustaining doses, and at regular intervals, until the febrile irritation, restlessness, and anxiety are subdued. By an unsteady irregular administration, at too long intervals, and in *improper doses*, it often does great mischief. When used as a supporting agent, in cases of exhaustion, it should be administered in *small* doses and at short intervals —the effect of the first dose should not be permitted to pass

off until the second one is administered. He was partial to this mode of administering opium also in diarrhœal affections. It exerts a better control over capillary circulation, and we avoid also its relaxing secondary effects. But the amount of *pain* and *irritability* should always determine the dose of opium. In the stage of exhaustion, of the Essential or adynamic, form of fever, he was governed by this rule: If debility is attended with marked *irritability*, his principal reliance was opium—opium carefully administered to the point of quietude and rest, but no more. But when associated with *torpor*, he would, of course, rely upon prompt stimulation.

Dr. CARROLL remarked that before the general spread of cholera in '49, cases of common diarrhœa were to be met with which doubtless yielded to remedies which the true cholera was not affected by. He believes that all cholera has been cholera from the first, that it is portable, and may be suspended by the use of stimulants.

Mercurialisation has been vaunted as cure, but this is not now claimed, patients having died when salivation was fully established. He thinks the most rational as well as the most successful treatment consists of quiet and gentle stimulants.

Dr. RICHARDSON did not suppose he could have mistaken the ordinary diarrhœa for that of cholera; those cases to which he alluded were accompanied with cramps and serous discharges, both of which were characteristics of the true cholera.

Dr. CARROLL said that in the primary stage he had found large doses of opium for cholera beneficial, but when depression of the vital forces became evident, he found them worse than useless.

Organization and Proceedings of the Whitewater Valley Medical Society.

In compliance with a previous appointment, quite a respectable number of the practicing physicians of Whitewater Valley assembled in the Court-house in Connersville, Fayette

county, Indiana, on the 24th day of May, 1856, at 10 o'clock, A. M., for the purpose of permanently establishing a district Medical Society.

An organization of the meeting was immediately effected, by calling Dr. G. R. Chitwood to the Chair, and appointing Dr. S. W. Vance, Secretary.

The President arose and stated at considerable length the objects and intentions of the meeting, arguing with great force and eloquence the necessity and advantages of a thorough medical organization and discipline. He finally concluded his remarks by expressing a wish that a state of good feeling and unanimity might prevail among the members of the meeting throughout their deliberations.

A letter from Dr. W. Maguire, of Fayetteville, was read, declaring his inability to be present at the meeting, but expressing his hearty approbation of, and kind wishes for, the very laudable enterprise.

The minutes of the last meeting were then read and approved.

Whereupon it was resolved that the committee previously appointed to draft a suitable Constitution and By-Laws for a local Medical Society here, be now called upon to report. Dr. S. W. Vance, at the request of the meeting, and on behalf of the committee, reported said Constitution and By-Laws, which, after considerable discussion and amendment, were finally adopted section by section.

It being near 12 o'clock, Dr. D. D. Hall moved that a committee of five be appointed to make out a Fee Bill during the adjournment, to be reported to the Society at its afternoon session. On motion, Dr. S. D. Sheets, Dr. D. D. Hall, Dr. A. Chapman, Dr. P. S. Silvey and Dr. M. F. Miller were appointed said committee.

On motion, adjourned to meet at 2 o'clock, P. M.

AFTERNOON SESSION.

The meeting convened at 2 o'clock, P. M., and straightway

proceeded to the election of officers for the Society. The election was conducted *viva voce*, and resulted in the selection of the following named gentlemen to act for the ensuing year: President, Dr. Amos Chapman; Vice-President, Dr. Wm. W. Taylor; Recording Secretary, Dr. S. W. Vance; Corresponding Secretary, Dr. S. D. Sheets; Treasurer, Dr. D. D. Hall. Censors, Drs. Dan'l. Trembly, G. R. Chitwood and C. S. Ramsay.

The President elect took the chair, and called the Society to order. He felt deeply the honor, as well as the arduous duties this day imposed upon him, nevertheless he would, at all times during his term of office, endeavor to preside over the deliberations of the Society according to the best of his weak ability.

The committee appointed to make out a Fee Bill, through their Chairman, Dr. L. D. Sheets, begged leave to report, which was granted. Upon the report's having been read, a prolonged and animated debate ensued, in which Drs. Samuel Miller, L. D. Sheets, Dan'l. Trembly, W. W. Taylor, C. D. B. O'Ryan, and other members, warmly participated. Some were for retaining the fees at their former low rates, while others were decidedly for laying on the tariff. After some alterations and amendments, the Fee Bill was ultimately adopted, with a slight advance upon the old rate of charges.

Dr. Amos Chapman asked permission to read a preamble and resolutions, touching the laws of the State of Indiana with regard to the collection of debts, and the best course to be pursued by members of this Society, in case of delinquency.

On motion, the aforesaid preamble and resolutions were unanimously adopted, and, together with the Fee Bill, ordered to be published in the Connersville and Liberty papers.

Be it resolved, That the Code of Ethics of the American Medical Association shall be adopted by this Society, for the regulation of professional intercourse among its members.

The Chair appointed three members, alphabetically chosen, namely, Drs. Chitwood, Chapman and Gillam, to read essays

upon medical subjects, of their own selection, at the next regular quarterly meeting.

It was resolved that a report of the proceedings of this Society be published in the Western Lancet and Cincinnati Medical Observer.

On motion, the Society adjourned to meet in the Court-house in Connersville, on the second Monday in July next, at 10 o'clock, A. M.

S. W. VANCE, M. D., *Res. Secretary.*

Annual Meeting of the Ohio State Medical Society. From the Medical Counselor.

COLUMBUS, June 8, 1856.

The Society met pursuant to adjournment, in the Odeon Hall, at 10 o'clock, A. M.

The President and Vice-President being absent, on motion of Dr. Parker, Dr. Gaston was called to the chair. Dr. S. B. Davis, on motion, was appointed Secretary pro tem.

On motion of Dr. Gordon, it was resolved that the order of business adopted at the session held in Dayton be adopted at this session.

On motion, it was resolved that the President be authorized to fill vacancies in the committee on Admissions. The following gentlemen were appointed: Drs. Dawson, Gordon, Rogers, S. M. Smith and McMally.

The reading of the minutes of the last session, on motion, was dispensed with.

Dr. John Dawson, from the committee on Arrangements, welcomed the Society, in a brief, but appropriate address.

Dr. Baker moved that the committee on Admissions be directed to obtain the names of all the members present, and report as soon as practicable. Carried.

Dr. Kincaid moved that a committee of five be appointed to nominate permanent officers for the ensuing year. Carried. The Chair appointed the following gentlemen: Drs. H. H.

Baker, J. C. Thompson, W. B. Kincaid, T. W. Gordon, and M. B. Wright.

Dr. Webb moved that the committee on Nominations be excused from acting, and that the Society proceed to nominate and elect permanent officers. Ruled out of order.

Dr. Webb appealed from the decision of the Chair. The Chair was sustained.

Dr. Dawson moved that all persons having papers intended to be read, shall present the titles of the same to the Secretary as soon as convenient.

Dr. R. H. Tipton offered the following:

Resolved, That the reporters of the city papers be admitted to seats on the platform. Carried.

The committee on Nominations made the following report: For President, Dr. Peter Allen, Trumbull county. Vice-Presidents—1st. Dr. R. G. McLean, Lockbourne; 2d. J. G. Rogers, New Richmond; 3d. Chas. Cochran, Sandusky, and John Davis, Dayton.

For Secretaries—W. W. Dawson, Cincinnati, and S. B. Davis, Shadeville. Treasurer—R. J. Patterson, Columbus.

Dr. McLean moved that the report of the committee be laid on the table, in order to hear the report of the committee on Admissions. Carried.

The committee on Admissions made the following report, which was adopted:

Names proposed for Membership—Drs. E. C. Sharpe, Williamsburg; Hugh L. Cheney, Groveport; D. Tilden, Sandusky; J. D. Robinson, Wooster.

On motion, the Society took a recess until 2 o'clock, P. M

AFTERNOON SESSION.

Dr. J. B. Thompson moved that the report of the committee on Nominations be taken up, and that the Society proceed to ballot for President. Carried.

On balloting, Dr. Peter Allen received a majority of all the votes cast, and was declared duly elected.

On motion, the Society proceeded to ballot for four Vice-Presidents, with the following result:

Drs. John Davis, R. G. McLean, Cochran and Rogers, received a majority of all the votes cast, and were declared duly elected.

The Society, on motion, proceeded to ballot for two Secretaries and one Treasurer, with the following result:

W. W. Dawson and S. B. Davis received a majority of all the votes cast for Secretaries, and were declared duly elected. Dr. R. J. Patterson was elected Treasurer.

Dr. R. H. Tipton moved that the Society proceed to nominate and ballot for a standing committee on Admissions. Lost.

Dr. Baker, from the committee on Nominations, reported the following names as candidates for standing committee on Admissions:

Drs. Coons, of Dayton; Hamilton, of Columbus; Webb, of Cincinnati; Henderson, of Mansfield, and D. A. Fisher, of Reynoldsburgh; and Dr. J. W. Maris, of Columbus, for Librarian.

Dr. John Dawson, from the committee on Admissions, recommended the following persons for membership:

Drs. Thomas J. Haynes and T. Kennedy, Nicholsville; J. G. Gabriel, Allens; T. W. McArthur, Wilmington; L. J. Guerien, Hope; S. H. Farrington and J. C. Hubbard, Ashton; John G. Kyle, Xenia; J. N. Robbinson, Lockbourne; B. S. Braun, Bellefontaine; H. S. Pawester, Erie; R. Gundry, S. Loving and R. N. Barr, Columbus; W. H. Harper, Lima; E. Sinnet, Granville, and T. S. Case, Columbus; also, that Dr. E. L. Hills, of Massachusetts, be elected honorary member of the Society. Report was adopted.

The report of the Nominating committee was accepted, and on ballot, the persons therein named were elected.

Drs. Baker and Kincaid were appointed a committee to wait on the President elect and conduct him to the chair.

Dr. Allen, on taking the chair, made a few appropriate remarks.

Reports of standing committees being called for, Dr. Gordon, from the committee on Medical Societies, made a partial report, that inquiries had been made of various County Societies, and responses have been made rather more promptly than usual. Few societies are kept up with spirit. Some, however, are kept up with much interest. Committee recommends the adoption of some plan of resuscitating the failing and decaying societies, as well as of inciting interest enough in the profession to cause the creation of new societies.

On motion of Prof. S. M. Smith, the committee was continued till next year.

The committee on Ethics asked and obtained further time to make up their report.

Dr. M. B. Wright asked and obtained leave to offer the following preamble and resolutions:

WHEREAS, Medical science has been sustained by the united investigation of its votaries, and Whereas, a spirit of confidence and liberality is necessary for the establishment and promulgation of truth, Therefore,

Resolved, That all questions, in which the members of this Society and the profession at large have a common interest, should be considered and determined in open society; and that it is highly reprehensible for a portion of the society to assemble privately, with a view to control questions or arrange plans by which they may be forcibly settled, to the exclusion of the other portion who may be in attendance.

Resolved, That the position of an editor of a Medical Journal does not justify him in assuming a dictatorial control over the mind and consciences of men—that he does not possess any inherent or delegated right to depart from the long settled characteristics of a gentleman—and, that personal abuse, coming from him, merits no less condemnation than when uttered by the most unpretending of the profession.

Dr. W. H. Mussey moved the resolutions be laid on the table. Carried.

Dr. Baker moved that Dr. Wright's resolutions be taken from the table. Carried.

Dr. John Dawson moved to refer said resolutions to the committee on Ethics.

Dr. Ball moved to indefinitely postpone the resolutions.

Dr. Webb moved that the Society take a recess until to-morrow morning at 9 o'clock. Lost.

Dr. Ball's motion to postpone was lost.

Dr. Wright arose and addressed the Society at some length in support of his resolutions.

Pending his remarks, the Society took a recess until 8 o'clock, A. M., to-morrow.

WEDNESDAY, 8 o'clock, A. M.

Dr. Allen in the chair.

Dr. M. B. Wright having the floor, arose and addressed the Society at length on the resolutions offered by him yesterday.

He said he regretted that the Editor of the Medical Counselor was not present, but as it was not his (Dr. Wright's) fault, he should now proceed to defend his cause, which he attempted in a characteristic speech of two or three hours in length, in which he "pitched into" the editors of the Medical Counselor, Ohio Medical and Surgical Journal, and the Western Lancet particularly, and into the Ohio Medical College generally.

Dr. Murphey was amused at the speech of Dr. Wright, which reminded him of a habit the Russians have of firing shot, shell and rockets, to make display, without any other apparent object or effect. As to the resolutions, he was perfectly willing to vote for them, considering them as self-evident and wholly unobjectionable. But this Society has nothing to do with them at all. He thought the National Medical Society was the true adjudicator of such difficulties.

Dr. Mussey offered a series of resolutions reprehending the course of Dr. Wright, in adding the "appendix" to the Ethical report, charging him with inconsistency and violation of confidence, and recommending that the Society reprobate his course until he shall make a full apology therefor.

Dr. Morehead remarked that the whole matter was a per-

sonal one, and moved the indefinite postponement of the subject, which, after some argumentation, was almost unanimously carried.

The following gentlemen were then elected for membership:

Dr. E. Williams, Cincinnati; D. F. Forbes, Toledo; S. D. Turney, J. H. Olds, Circleville; J. W. White, Stockport; G. W. Henderson, Marysville; Jos. Bulen, Grove City.

W. H. Mussey offered a report, supplementary to a report made last year, on a plan for the improvement of the profession in the State. This led to a lengthy discussion, in which a large number of the profession took part.

An invitation was received from the Erie County Medical Society, to this body, to hold their next session in the city of Sandusky, which,

On motion, was accepted.

Invitations were received from Penitentiary, Blind Asylum, Lunatic Asylum, and Deaf and Dumb Asylum, to visit these institutions.

Dr. Dawson, on behalf of the profession of the city of Columbus, invited the members of the Ohio State Medical Society to a banquet, to be given at the Neil House this evening, at 9 o'clock.

Society adjourned until 2 o'clock, P. M.

AFTERNOON SESSION.

Dr. McLean in the chair.

The motion to visit the Lunatic Asylum, at 2½ o'clock, was laid on the table.

Dr. McMally having the floor, after some remarks, offered the following as an amendment to Dr. Mussey's report for the improvement of the profession, viz: "That an equal number of the Board of Examiners, in conjunction with the faculty, to decide upon the qualifications of applicants for diplomas."

Remarks by W. H. Mussey, Kincaid, Trevitt, Hamilton, Jno. Dawson and Henderson, when the previous question was moved and carried.

The amendment was lost; when the question being taken on the adoption of the report of Dr. Mussey, it was lost.

Reports of special committees being called for,

Dr. S. M. Smith, as chairman of committee on Practice, reported progress, and asked leave to be continued.

Committee to memorialize the Legislature on the establishment of a bureau of statistics, Dr. Armor, no report.

Committee to collate by-laws reported progress; and the committee was, on motion, continued.

Dr. R. J. Patterson, chairman of the committee on Ophthalmic Medicine and Surgery, reported progress; and on motion the committee was continued.

Dr. E. Williams was added to this committee, in place of Dr. W. H. Mussey, who asked to be excused.

The following resolution, postponed from last session, was taken up, viz:

Resolved, That a physician interested, either directly or indirectly, in the drug business, where empiric medicines are sold, forfeits the respect of the profession and his claims to membership in the Society.

On motion, the resolution was indefinitely postponed, on the ground that the code of Ethics already provides for such cases.

Dr. Robinson offered a resolution to memorialize the Legislature for a law to allow compensation to physicians for making post mortem examinations.

Report of the committee appointed to report on a Substitute for Quinine, was made the order of the day for to-morrow, at 8 o'clock, A. M.

Dr. W. H. Mussey offered a resolution to amend the constitution, and to change the time of meeting to first of January. Laid on the table.

Dr Mussey offered a resolution that the Society should hold a special meeting on the third Tuesday in January.

Dr. Trevitt offered the following resolution:

Resolved, That a committee of one member from the faculty of each regular medical school in the State, be appointed by

the Chair, to report to the next session of this Society on the standard of education preparatory to the admission of students to the study of medicine. Carried.

Dr. Trevitt offered a resolution to appoint a committee to report upon the mineral waters of the State.

Dr. Green offered a resolution to memorialize the Legislature for the passage of a law to compel all makers and venders of quack or patent medicines to publish in the English language the names and quantity of the ingredients of such medicines.

Dr. Dawson moved to amend by appointing Dr. Green chairman of a committee to memorialize the Legislature on the above subject.

Dr. G. F. Mitchell read a very interesting paper on the "Cure of Poplitieal Aneurism by Compression."

Dr. Green moved that a committee of five be appointed to investigate the charge of Dr. Wright against Dr. Wood (who invites investigation), and report at the next meeting.

The Society adjourned until 8 o'clock, A. M., to-morrow.

WEDNESDAY EVENING.

BANQUET AT THE NEIL HOUSE.—The banquet given at the Neil House, to the members of the Ohio State Medical Society, by the profession of this city, was highly creditable both to the profession and to the proprietors of that excellent House.

At about 10 o'clock supper was announced, and the company, including quite a number of invited guests and a large sprinkling of ladies, repaired to the dining room, where long rows of tables were well filled with the substantial and dainties of the season and country. The aged and venerable President, Dr. Allen, presided. General good humor and keenness of appetite prevailed. Seldom have we seen so large, intelligent and dignified an assemblage "surround the festive board."

At the close of the repast, a number of toasts (cold water

toasts) were given and happily responded to. Among them were the following:

The Medical Profession.

Responded to by Prof. Baker, of Cincinnati, in which he lucidly set forth the duties, responsibilities and rewards of the profession, with happy allusions to the ladies.

The Medical and Legal professions.

Responded to by S. S. Cox, Esq., of this city, in his best style, full of wit, humor and eloquence.

Joseph Geiger, Esq., was also called out, and alternately convulsed the house with laughter, by his well-timed and spicy wit and humor, and hushed it to breathless silence by his eloquent allusions to the great and good of all professions.

Eloquent speeches were also made by Drs. Kincaid and Holston, when towards the early hours of morning, the company dispersed, each seeming satisfied that it was good to be there.

THURSDAY, 8 o'clock, A. M.

The Society was called to order—Dr. R. G. McLean in the chair. The minutes of yesterday were read and approved.

Dr. J. A. Coons, from a committee on reporting a Substitute for Quinine, read a report.

A motion was made to rescind and refer to the committee on Publication. The subject was discussed by Drs. Coons, Kincaid, Scott, Smith, Lynch, Tipton, Gordon, Potter, Trevitt and others.

Communications from the Superintendents of the Little Miami, Columbus and Xenia, and of the Cleveland, Columbus and Cincinnati Railroads, offering to carry members free of charge on their return from the meeting of the Society, upon the presentation of a certificate of membership from the Secretary of the Society.

The report of Dr. Coons was received and referred to the committee on Publication.

The President announced the following committees:

Committee on Finance—Drs. J. B. Thompson, B. H. Tipton, E. P. Fyffe, A. Ball, J. T. Webb.

On Publication—Drs. S. B. Davis, W. W. Dawson, G. P. Landon, J. B. Potter, G. W. Maris.

On Obituaries—R. Thompson.

Executive Committee—C. Cochran, D. Tilden, R. R. McMeens, H. F. Donaho, H. J. Parmeter.

On Medical Ethics—Drs. C. C. Hildreth, Geo. E. Eels, Chas. Robertson, M. Greene, J. S. Taylor.

On Medical Societies—Drs. T. W. Gordon, R. R. McMeens, W. P. Kincaid, J. B. Potter, B. S. Brown.

On Bureau of Statistics—Drs. Bigelow of Lancaster, G. V. Dorsey, J. C. Coons.

On the Study of Medicine—Drs. J. L. Capells, John Dawson, S. G. Armor, C. G. Comegys, A. H. Baker.

On Surgery—J. Dawson, W. H. Mussey, C. McDermont.

On Obstetrics—Drs. J. G. F. Holston, H. L. Thrall, J. B. Potter.

On Practice of Medicine—Drs. S. M. Smith, J. A. Murphy, J. C. Thomson.

On Medical Literature—Drs. Wm. Trevitt, W. H. Mussey, J. P. Henderson, W. J. Scott, J. W. Hamilton, Richard Gundry.

On Opthalmic Medicine and Surgery—Drs. R. J. Patterson, E. Williams, John Dawson.

On Mineral Waters—Drs. Wm. Trevitt, W. W. Dawson, T. G. Wormley, J. G. F. Holston, S. Hanbury Smith.

On Uterine Disease—Drs. R. R. McMeens, J. D. Robinson, W. P. Kincaid.

On Insanity—Drs. G. E. Eels, S. M. Smith, L. Firestone.

On Charges against T. Wood—Drs. M. Green, W. Trevitt, W. P. Kincaid, J. B. Potter, and T. W. Gordon.

Dr. Robertson's resolution being the order of the day, was taken up and adopted.

On motion, the Society took a recess until half-past 1 o'clock, P. M.

AFTERNOON SESSION.

Dr. Baker, of the committee on Medical Ethics, offered a report, which was referred to the committee on Publication, with discretionary powers.

Dr. Holston read his paper on a Pumpkin seed, the Nucleus for vesical calculus in the male, and exhibited the specimen.

Dr. Kennedy offered the following:

Resolved, That a committee of three be appointed to report at our next meeting such facts and conclusions as they may be able to arrive at, respecting the use of Chloroform in obstetrical practice.

Adopted.

Drs. Kennedy, Cheney and Lynch, were appointed said committee.

On motion, the resolution referring the report of the chairman of the committee on Ethics to the committee on Publication, was rescinded.

The committee on Admissions presented the name of Dr. James Smith, of Groveport, as a member of the Society. Elected.

Dr. Dawson offered the following:

Resolved, That the Treasurer be instructed to pay Tizzard & Allbright, of Eaton, out of the first moneys received, the balance of their account for publishing the transactions for 1855.

Carried.

Dr. Smith offered the following resolution:

Resolved, That a committee of three be appointed to report on the relation of the microscope to pathology, at the next meeting of this Society.

The following gentlemen were appointed: Drs. Gundry, Holston and W. H. Mussey.

Dr. Kincaid offered the following:

Resolved, That the State Medical Society of Ohio views with deep interest the appointment by the American Medical Association, of a committee to investigate the Etiology and Pathology of epidemic cholera, and hereby earnestly requests the Senators and Representatives in Congress from Ohio to render all assistance in their power toward passing a bill through Congress granting to said committee every necessary means to make a most thorough investigation of that disease.

Adopted.

Dr. S. V. Firor tendered his resignation as a member of this Society. Laid on the table until the January meeting.

Dr. Gordon offered the following:

Resolved, That a committee of three be appointed to institute a set of experiments in relation to the medical properties of the Euonyncus Americana and Attropurperia. Adopted.

The following gentlemen were appointed: Drs. Gordon, Kincaid, and S. M. Smith.

Dr. McMally moved to reconsider the vote laying the report of the committee on a Plan to regulate the Practice of Physic in the State of Ohio on the table. Lost.

Resolved, That a vote of thanks be passed by the Ohio State Medical Society, to the officers of the several railroads which have tendered to members returning home a free passage upon their roads.

Dr. Trevitt moved that the acting President be requested to report to the Convention for publication, the names of delegates and alternates to the American Medical Association. Adopted.

Dr. Trevitt offered the following resolution, which was adopted:

Resolved, That Prof. Hamilton, of this city, be appointed a special committee to report on the subject of Medico-legal relations of Fractures.

Dr. John Dawson offered the following resolutions:

Resolved, That it be the duty of the Treasurer to forward to each of the members who pay up their dues, their proportion of the copies of the transactions.

Resolved, That the Librarian be directed to gather up and take in charge all the back volumes of the transactions.

Dr. Baker moved that the minority report of the committee to memorialize the Legislature, be referred to the committee on Publication. Carried.

Resolved, That the thanks of this Society are due to the regular medical profession of Columbus, for the very satisfactory and cordial reception that has been extended to it during the present session.

Dr. Trevitt offered the following:

Resolved, That Dr. Robert Thompson be appointed a select committee upon Fractures of the upper and lower extremities,

with their appropriate modes of treatment, at the January meeting of the Society.

Dr. Kincaid offered the following:

Resolved, That three delegates be appointed by the Chair, to attend the next session of the Kentucky State Medical Society, and a like number to the Indiana State Medical Society.

The following gentlemen were appointed said committees: Kentucky—Messrs. Gordon, Kincaid and R. G. McLean. Indiana—D. A. Fisher, A. H. Baker and Mr. Risinger.

Dr. Scott offered the following:

WHEREAS, The interest of this Society would be much better subserved by having the transactions of the Society published soon after its adjournment: Therefore,

Resolved, That the committee on Publication be requested to publish them as soon as practicable.

Adopted.

Dr. Baker offered the following:

Resolved, That the committee of Arrangements be and they are hereby instructed to employ a competent reporter to be present at our meeting, and report for the Society as he may be directed.

Referred to Drs. A. H. Baker and J. W. Hamilton, to report at the January session.

J. W. Hamilton gave notice of his intention to introduce an amendment to the by-laws, providing that papers and reports not ready for publication at the time of adjournment, will not be entertained by the Publishing committee.

Dr. Trevitt offered the following, which was adopted:

Resolved, That Dr. Wm. H. Harper be appointed a select committee to report upon the Epidemics of the North-west part of the State.

Dr. D. A. Fisher offered the following, which was adopted:

Resolved, That the thanks of this Society are due, and are hereby tendered to the officers of this Society, for the faithful and impartial manner in which they have discharged their duties during the present session.

Drs. Hamilton, Smith and Trevitt were appointed as committee of Arrangements for January sessions.

A communication from Dr. Snow. Reply.

The Society adjourned after prayer by Dr. S. M. Smith.

Progress of Medicine.

FRANCE.

Iodine—Its passage by digestive assimilation into the milk of some of the mammifera. Translated from the French for The Lancet, by J. H. T.

On the 6th of May, M. Labourdette read before the Academy of Medicine a paper, giving an account of the conjoint labors of Dumesnil and himself in regard to the absorption of iodine, and the medication of animal milk therewith. We give an extract.

The physicians of ancient times had already observed that the milk of animals would become aromatic when they fed upon savory thyme, marjoram, etc.—that it would be impregnated with the color of saffron, madder, wine, etc.

Observations less ancient have shown that certain substances of the inorganic kingdom can equally arrive in the milk by assimilative digestion; but it is singular that the very mineral substance which has been sometimes prescribed by this indirect route, is the article whose presence there is the most doubtful: We refer to the mercurial preparations administered to wet nurses for the cure of children affected with syphilis.

Up to the present, the preparations of mercury which have been used have never been detected in the milk of asses, as has been clearly demonstrated by Peligot, and we have ourselves never been able to find them in any animals upon which we have experimented.

Although a result very different has been obtained in regard to a goodly number of other mineral substances, and notably as to iodine, which even after frictions, has been found by M. Cantu in the urine, the sweat, the saliva, the milk and blood of the patients who were subjected to its use; still we do not find that any one has seriously thought of administering bromine, iodine, or iron, after having combined them by digestive absorption with the milk of certain mammifera.

The assertions of certain chemists, and the hopes of certain practitioners, arising from the progress of organic chemistry, induced me to imagine, in 1846, that I might reach this de-

sideratum; but the phenomena of iodic intoxication known to every body, where iodine or the iodide of potassium have been administered for several months, in doses of from three to four scruples daily, threw into confusion my animal labratory. I quickly lost six of my milk cows. However, I persevered, and endeavored to find among the ideas of the older therapeutists adjuvants and correctives. It was only after a long time and numerous trials, that I arrived at the solution of the following problem:

To neutralize by certain correctives the hurtful influence of the iodide of potassium.

Before entering upon the exposition of this systematized method, of which the honor belongs to the experiments of my friend Dumesnil, I wish to present some facts which have fallen under my own observation. These facts relate to the several pathological states which are occasioned by iodine, and its binary combination with potassium.

The iodic intoxication when we employ the iodide of potassium for three months, in doses of from six to eight grains daily, consists in,

1st. A dyspnia, which shows itself toward the end of the first month; at the second I have noticed a manifest failing of flesh and a constant saburral condition.

2d. In a sensation of general discomfort, with lassitude and obstinate constipation.

3d. In an exalted sensibility of the skin, especially over the trunk.

4th. In a singular and analogous modification of the mucus membrane of the genito, urinary, and olfactore organs (hyperscention.)

5th. Finally, in a sharp nephitic pain, which persists for a long time after the experiments cease.

The year following, I determined to take the tincture of iodine during a month. Every day, either before or after my meals, I swallowed fifteen drops, taken in a glass of water: intoxication showed itself earlier than in the year preceding; towards the ninth day, the metalic taste and inappetence were already noticeable. During an interval of six months, I took no more of it, but remarked that the loss of flesh which I had sustained was very persistent. Thus, as M. Gendren had already tried upon himself, I advanced to the ne plus ultra of proof—that is, to taking fifteen grain doses of the tincture once or oftener, according to its tolerance. The first dose,

taken in a tumbler of sweet water, occasioned before the morrow a swelling of the nasal mucus membrane, some tears, and hoarseness. A like dose was taken the day following, and an augmentation of these symptoms ensued; the sensibility of the skin, particularly over the dorsal region, appeared, together with a sharp pain along the mucus lining of the urethra.

The succeeding day a third dose was taken in the same menstruum: the metalic taste, weeping, hoarseness, dematalgin, all augmented, and on the day subsequent, I experienced some degree of cephalalgin, and the sensibility of the skin about the scapular region was such, that for eight days the rubbing of the clothing was intolerable; now a violent corysa set in, and an inflammatory discharge from the urethra commenced; an intense bronchitis succeeded to all the other phenomena.

I combatted these several conditions by baths and emolients; a month later, there only remained the inappetence. Since that period, my digestive functions have never recovered their former vigor.

Now, the animals to which I gave either the tincture of iodine or the iodide of potassium experienced the same effects whenever I gave them a quantity sufficient to properly impregnate their milk; moreover, towards the third month, some of the smallest of them had their milk to disappear rapidly; while the mammary and abdominal veins became greatly dilated. Five times during my first experiments, an incurable meteorismus took off my cows. Such are in general the effects produced by iodine upon man and some other mammifera. I insist especially upon the functional alterations which are occasioned by their usage: I refer to the profound derangements of the digestive tube, which are so difficult to repair. The fact is not general, but is observed in a great number of cases.

According to the opinion of some physicians, it would be of immense value to be able to give to sick children, at the same time with their milk, a modifying agent of such potency as iodine; and this we have attempted to furnish, profiting by the fact that one of us, residing in Normandie, on a model farm, where he can give all necessary care to the administration of the iodine to the milk cows, and register the results obtained, occupying himself wholly in the analysis by humidity, whilst the other has special charge of the other proceedings.

Mode of Administration.—The iodide of potassium has never been given in less than 46 grains daily; it has been carried to 90, and even to 150 grains daily, always taking care to augment the broth of corrective substances in the same proportion. At the administration of the 150 gr. doses, accidents will begin almost immediately, if the greatest care is not given to the employment of correctives. We are guided in the division of that truthful scale of dosing by the quantity of milk furnished by the animal in a day, and not by the weight of the body.

Immediately after each milking, there is presented to the cow, in a wooden or earthen vessel, which has been varnished, a broth, sometimes thick—sometimes much diluted, of two pints in volume, with which is incorporated a solution of iodine, and its correctives. Half an hour afterwards, its food is given as ordinary. Sometimes cows will refuse this preparation, and then it becomes necessary to use the greatest precaution, and in order to bring these exceptions within the general rule, it is necessary they should undergo a preparatory treatment.

This operation, in the cases which now occupy our attention, consists in an intestinal preparation, indispensable in order to change with impunity the milk of the animals. It is to this previous treatment that we owe the possibility of hurrying or retarding the passage of the iodine by the triple route of the kidneys, the mamma and the intestines. Without this, the impregnation of the animal is always dangerous. It should last from twenty to thirty days, and is not complete until the cow will swallow the iodine, accompanied by its correctives, without repugnance, and until the lactial secretion attains a medium nearly invariable.

In all cases, the absorption of iodine, as in man, takes place with great rapidity, and we have always been able to detect the salt or the iodine itself, ten, six, or even three hours after its ingestion. Then the milk contains the active principle in a natural combination, as does the cod-liver oil, but in a much greater proportion.

Physiological Effects.—Very often during the first few days which succeed this treatment, the quantity of milk is augmented considerably. Soon the secretion returns to its former quantity, and even will diminish rapidly, if the animal be kept confined. It is now necessary to send the animal out into the rich pastures, where there is much moisture; the scale of se-

cretion will again become elevated, and will continue as ordinary for a long time, provided the animal remains in like favorable circumstances. It is then demonstrated that within the limits which we have indicated (45 to 150 grs.), the constitution of milking animals will not suffer, and their milk will not diminish to an appreciable extent, during a period of from five to six months.

Physical and Chemical Properties of the Milk obtained by this Treatment.—We have here a singular result of the influence of iodine upon the product which occupies our attention. We may properly admit, *a priori*, that the intimate combination of iodine, or of iodide of potash with milk by assimilation, ought to impress it with peculiar physical and chemical properties; that probably the ordinary chemical reactions, especially those of chloride and starch, could not reveal the metalloid, as would take place in a simple solution of iodine in milk.

This is what our experience has fully confirmed. Thus, that liquid obtained from cows under treatment, especially after the first month of treatment, does not compute itself in the separation of its elements, either as ordinary milk, or as milk simply mixed, it keeps much longer than the latter. After its compilation by acetic or tartaric acids, it becomes impossible to separate the fatty parts, either by ether or alcohol. When the cheesy clot, washed as much as possible upon a filter, is placed over the fire of a lamp in a porcelain capsule, we remark that it enjoys a remarkable ductility, which does not appear proportioned to the charge of milk from which it is taken: its elastieity is also singularly augmented. Moreover, no metalic taste of iodine or of an ioduret shows their presence, when the milk contains from three to four grains per quart.

Quantitative Analysis.—From numerous analysis by the humid method, we may conclude,

1st. That the milk of cows submitted to our treatment contains a considerable quantity of iodine, the fluid having yielded up as high as fifteen grains of the ioduret per quart.

2d. It is easy for any practitioner, however little skilled in such manipulations, to detect the presence, and to some extent appreciate its quantity, from the intensity of its coloring.

3d. That milk, neither in its natural state, nor when iodine has been added to it, will present the physical or chemical characteristics of that which has been impregnated with iodine by digestive assimilation.

Therapeutic Effects.—The results obtained in cases of debility, so common among children and females, in mesenteric engorgements, in strumous ophthalmus, scrofulous engorgement in children nourished artificially, were so remarkable as to occasion surprise. Rarely have we failed. Many debilitated, nervous females have experienced from its use a remarkable improvement. We can affirm, as the general result of our experience, that milk thus medicated will modify in a prompt and surprising manner the lymphitic and scrofulous constitution: that this milk, chloro-iodureted, (for it contains an enormous quantity of chloride of sodium, as a result of the animal's diet), probably will be employed in cases of phthisis, after the method of Latoni, which seems to have had some success.

We must remark that its remedial action does not at all resemble that obtained by the employment of large doses of iodine, or iodide of potash. No visible action upon the skin or mucus membrane has ever been manifested: for in reality the dose of iodine is very small; but it more resembles in its action good cod-liver oil, the stimulant and nutritive qualities of the chloro-iodureted milk fulfilling thus a most important therapeutic indication.

N. B.—The correctives spoken of as given during the preparatory treatment of the animal, are the chloride of sodium—the nitrate of potash in large doses, according to the condition of the mammæ—alum and rhatany as astringents—sulphate of soda as purgative, and fresh or coagulated albumen as adjuncts to the iodides.

ENGLAND.

Tapping of the Pericardium, and Iodine Injection into that Cavity, in a Case of Pericarditis, with Effusion; Favorable Results.

M. Aran, physician of the Hospital St. Antoine, at Paris, lately brought before the Academy of Medicine the case of a young man, twenty-three years of age, who was admitted under his care in July, 1855, with all the symptoms of severe pericarditis. The patient had been treated for pleurisy in the same hospital a few months before, and there was reason to believe that tubercles had formed in the lungs. As the young man was, on his second admission, very weak, and af-

fected with diarrhœa, the antiphlogistic treatment could not be used with sufficient energy; and the inflammation of the pericardium, far from being subdued, was speedily followed by effusion. The liquid was so abundant that very severe fits of a dyspnœa came on, and M. Aran therefore resolved to tap the pericardium.

Though *physician* to an hospital, he performed the operation himself, with a small sized trocar and canula, the direction being from below upwards, in the fifth intercostal space, a little below the spot where the dullness on percussion was well marked. The actual extent of the distended pericardium was figured by concentric lines drawn on the chest, and the actual situation of the heart carefully ascertained by asculta-tion. About twenty-eight ounces of a reddish transparent serosity escaped, with great relief to the urgunt symptons which had called for the operation. An injection was then thrown into the cavity of the pericardium, composed of an ounce and a half of water, half an ounce of tincture of iodine, and fifteen grains of iodide of potasium. The injection was well borne, and a few drachms of the liquid having been allowed to flow out, the wound was closed by compresses.

The symptoms, however, returned, and twelve days after the operation tapping was again had recourse to, when forty-nine ounces of a greenish albumiuous liquid escaped. A stronger iodine injection was now used. The operation gave the patient neither pain nor uneasiness, and in the space of ten days the dulness had considerably diminished. But as the heart and pericardium improved the lungs grew worse; symptoms of tubercles became more plain, and dropsical effusions in various parts of the body appeared. The latter symptoms were removed by blisters and vapour baths, and the patient finally recovered so far as the affection of the pulmonory organs would allow; but the bold treatment used for the pericarditis with effusion was completely successful.—*London Lancet.*

Method for the Detection of Phosphorus in Cases of Poisoning.

E. Mitscherlich considers the following the most delicate method for the detection of phosphorus in toxicological cases: The substance to be examined is distilled with sulphuric acid and water from a flask, and the vapour conducted through a glass tube into a vertical glass receiver. This receiver passes

through the bottom of a broad glass cylinder, filled with cold water, which is constantly renewed in the usual manner, so that the hot water escapes from the top, and the cold water enters at the bottom. Under the lower end of the receiver, which passes through the bottom of the cooler, a vessel is placed to collect the distillate.

If phosphorus is present, its vapour passes over with the steam into the receiver, and it may be seen where the vapour enters the cool portion of the receiver, as a distinct illumination in the dark, which long continues. Generally an illuminated ring is observed. From substances, such as flour, which only contain one hundred-thousandth part of phosphorus, the fluid can be distilled off, and the distillation be continued for half an hour without the illumination ceasing. After such an experiment, the flask and its contents may be exposed to the air for fourteen days, and the distillation repeated with the development of the illumination.

When volatile bodies, as ether, alcohol, and oil of turpentine, are present, which destroy the illumination of the phosphorus, the ether and the alcohol must be distilled off, and then the illumination will appear. Oil of turpentine prevents the illumination; but such an admixture is not likely to occur in forensic investigations. If ammonia be present, its detrimental influence may be prevented by the addition of sulphuric acid.—*London Lancet.*

Death from Fright.

A singular case, in which a youth named Harrison died from the effects of fright, has just been brought under the notice of the profession at York. The hapless deceased had slightly scratched himself with a knife, and he became so alarmed at the appearance of a few drops of blood which oozed from the nearly imperceptible wound, that his nervous system received a fearful shock, from which it never recovered, and he gradually sunk. It seems that a short time previously the deceased's brother died from the effects of excessive hæmorrhage, and this no doubt acted most violently on the nervous system, and led to the fatal result.

On a New Mode of Effecting Artificial Respiration. By MARSHALL HALL, M. D., F. R. S., *Member of the Institute of France, etc.*

The following document can not fail to interest our readers:

Artificial respiration is the *sine qua non* of our treatment of suspended animal animation by drowning, strangulation, etc., and the *only* efficient mode of accomplishing it is, I believe, that here described.

"*Attended at St. George's Hospital, to witness some experiments made on the new method of producing artificial respiration without the aid of a bellows, as proposed by* MARSHALL HALL, M. D., etc.

"The mouth and one nostril were carefully closed by means of sticking plaster, to prevent the possibility of air finding its way through them. In the other nostril was inserted a caoutchouc tube, about three feet long, at the end of which was fixed a bent glass tube of the same size, into which was poured a teaspoonful of water.

"The operator then took hold of the subject (which was lying in the prone position) by the left shoulder and hip, and gently raised it, until the whole body was resting on the right side. This movement caused the air to enter the glass tube, creating bubbles in the water as it passed on into the lungs; and on the body being slowly replaced on the stomach, the air was freely expelled from the lungs, and caused the same agitation in the water as it made its exit through the glass tube.

"Judging from the agitation of the water, the quantity of air which passed into the lungs must have been considerable, and quite sufficient for the purpose of artificial respiration.

"The great advantage of inflating the lungs by means of the rotatory movement, or raising the body by the one shoulder and hip, is the readiness with which one person can perform the operation in the absence of any other assistance.

"This experiment appeared to be perfectly satisfactory.

"This other method was then tried, by raising the subject by the two shoulders, until the stomach was freed from any pressure on the table, and then gently lowered down again. This movement produced precisely the same results as the rotatory, but required more strength to perform it.

"HERBERT WILLIAMS,
Superintendent R. H. S. Hyde-park Receiving-house.

"Feb. 6th, 1856."

In the *supine* position, the tongue *falls* backwards, and closes the glottis. All *in*spiration is therefore impossible.

In the *prone* position, the tongue *falls* forwards, and leaves the glottis freely patent. *In*spiration is therefore possible.

Respiration is *effected* by placing the patient in the prone position, and turning *on the side* fully, and rather more, alternately. In the former position, pressure is made on the thorax and abdomen equal to the weight of the body, and expiration takes place. In the latter, that pressure is removed, and *in*spiration occurs.

These movements being made alternately, gently and equably, *sixteen* times a minute, and no more, respiration is efficiently performed, and this without bellows, syringe, or any apparatus, all of which are not only unnecessary, but, for reasons which can not now be detailed. dangerous.

I trust soon to send you a fuller set of *New Rules for the Treatment of Asphyxia.* In the mean time, this short communication may not be without its utility.

I am, Sir, your obedient servant,

—*London Lancet.*] MARSHALL HALL.

The Musk-Deer.

This little persecuted animal would probably have been left undisturbed to pass a life of peace and quietness in its native forests, but for the celebrated perfume with which nature has provided it. Its skin being worthless from its small size, the flesh alone would hold out no inducement for the villagers to hunt it while larger game was more easily procurable; and its comparative insignificance would alike have protected it from the pursuit of the European sportsman. As the musk, however, is the most valuable of all, no animal is so universally sought after in every place it is known to inhabit. Musk is in demand in nearly every part of the world, yet little, I believe, is known of the nature and habits of the animal that produces it.

The musk-deer is rather more than three feet long, and stands two high at the shoulder; but they vary considerably in size, those found in thick, shady woods being invariably larger than those on rocky open ground. The head is small, the ears long and erect. The male has a tusk depending from each upper jaw, which, in a full-grown animal, is about three inches long, the thickness of a goose-quill; sharp-pointed,

and curving slightly backwards. The general color is a dark speckled brownish-gray, deepening to nearly black on the hind-quarters, where it is edged down the inside of the thighs with reddish-yellow. The throat, belly and legs are of a lighter gray. Legs long and slender; toes long and pointed; the hind heels are long, and rest on the ground as well as the toes. The fur is composed of thick spiral hairs, not unlike miniature porcupine quills; they are very brittle, breaking with a slight pull, and so thickly set that numbers may be pulled out without altering the outward appearance of the fur. The fur is much longer and thicker on the hind parts than the fore, and gives the animal the appearance of being much larger in the hind-quarters than the shoulder. The tail, which is not seen unless the fur is parted, is an inch long, and about the thickness of a thumb; in females and young animals, it is covered with hair, but in adult males is quite naked, except a slight tuft at the end; and often covered, as well as all the parts near it, with a yellowish waxy substance.

The musk, which is much better known than the deer itself, is only found in adult males; the females have none, neither has any portion of their bodies the slightest odor of musk. The dung of the males smells nearly as strong as musk, but, singularly enough, neither in the contents of the stomach, nor bladder, nor in any part of the body, is there any perceptible scent of musk. The pod, which is placed near the navel, and between the flesh and the skin, is composed of several layers of thin skin, in which the musk is confined, and has much the appearance of the craw or stomach of a partridge, or other small gallinaceous bird, when full of food. There is an orifice outwards through the skin, into which, by a slight pressure, the little finger will pass, but it has no connection whatever with the body. It is probable that musk is at times discharged through this orifice, as the pod is often found not half full, and sometimes even nearly void. The musk itself is in grains, from the size of a small bullet to small shot, of irregular shape, but generally a dark reddish-brown color, but when taken out of the pod and kept for any length of time, becomes nearly black. In autumn and winter the grains are firm, hard, and nearly dry, but in summer they become damp and soft, probably from the green food the animals then eat. It is formed with the animal, as the pod of a young one, taken out of the womb, is plainly distinguishable, and indeed is much larger in proportion than in grown-up animals. For two years the con-

tents of the pod remain a soft, milky substance, with a disagreeable smell. When it first becomes musk, there is not much more than the eighth of an ounce; as the animal grows, it increases in quantity; and in some individuals as much as two ounces are found. An ounce may be considered as the average from a full-grown animal; but as many of the deer are killed young, the pods in the market do not perhaps contain, on an average, more than half an ounce. Though not so strong, the musk of young animals has a much pleasanter smell than that of old ones; but difference of food, climate, or situation, as far as my experience goes, does not at all affect the quality.

From the first high ridge above the plains, to the limits of forests on the snowy range, and for perhaps the whole length of the chain of the Himalayas, the musk-deer may be found upon every hill of an elevation above 8,000 feet, which is clothed with forest. On the lower ranges it is comparatively a rare animal, being confined to near the summits of the highest hills, as we approach the colder forests near the snow; but it is nowhere particularly numerous; and its retired and solitary habits make it appear still more rare than it really is. Exclusively a forest animal, it inhabits all kinds of forest indiscriminately, from the oaks of the lower hills to the stunted bushes near the limits of vegetation. If we may judge from their numbers, the preference seems to be given to the birch forests, where the underwood consists chiefly of the white rhododendron and juniper.

In many respects, they are not unlike hares in habits and economy. Each individual selects some particular spot for its favorite retreat, about which it remains still and at rest throughout the day, leaving it in the evening to search for food, or to wander about, returning soon after daylight. They will occasionally rest for the day in any place where they may happen to be in the morning, but in general they return to near the same spot almost every day, making forms in different quarters of their retreat a little distance from each other, and visiting them in turn. Sometimes they will lie under the same tree or bush for weeks together. They make forms in the same manner as hares, levelling with their feet a spot large enough for the purpose, if the ground is too sloping. They seldom, if ever, lie in the sun, even in the coldest weather, and their forms are always made where there is something to shelter them from its rays. Towards evening they begin to

move, and during the night appear to wander about a good deal, from top to bottom of the hill, or from one side to another. The Puharries believe that they come to such places to play and dance with each other, and often set their snares along the edge of such a ledge or precipice, in preference to the forest.

If not walking leisurely and slowly along, the musk-deer always goes in bounds, all fours, leaving and alighting on the ground together. When at full speed, these bounds are sometimes astonishing, for so small an animal. On a gentle slope I have seen them clear a space of more than sixty feet at a single bound, for several successive leaps, and spring over bushes of considerable hight at the same time. They are very sure footed, and although a forest animal, in traveling over rocky and precipitous ground, have perhaps no equal. Where even the burrell is obliged to move slowly and carefully, the musk-deer bounds quickly and fearlessly; and although I have often driven them on to rocks which I thought it impossible they could cross, they have invariably found a way in some direction, and I never knew an instance of one missing its footing, or falling, unless wounded.

They eat but little compared to other ruminating animals, at least one would imagine so, from the small quantity found in their stomachs, the contents of which are always in such a pulpy state, that it is impossible to tell what food they prefer. I have often shot them whilst feeding, and found in the mouth or throat various kinds of shrubs and grasses, and often the long white moss that hangs so luxuriantly from the trees in the higher forests. Roots also seem to form a portion of their food, as they scratch holes in the ground, like many of the hill pheasants. The Puharries believe that the males kill and eat snakes, and feed upon the leaves of the "kedar patta," a small and very fragrant smelling laurel, and that the musk is produced by this food. They may probably eat the leaf of this laurel, amongst other shrubs; but from the few occasions upon which I have seen this laurel stripped of any portion of its leaves, it does not appear to afford a very favorite repast. Their killing snakes is, doubtless, quite fabulous.

The young are born either in June or July, and almost every female brings forth yearly, and often twins. These are always deposited in separate places some distance from each other, the dam herself keeping apart from both, and only visiting to give them suck. Should a young one be caught, its

bleating will sometimes bring the old one to the spot, but I never knew an instance of one being seen abroad with its dam, or of two young ones being seen together. Their solitary habits are innate, for if a fawn is taken young and suckled by a sheep or goat, it will not for some time associate with its foster-dam, but as soon as satisfied with sucking, seeks some spot for concealment. It is amusing to see them suck; all the while they keep leaping up and crossing their fore legs rapidly over each other. They are rather difficult to rear, as many, soon after they are caught, go blind and die.

In most of the hill-states, the musk-deer is considered as royal property. In some, the Rajahs keep men purposely to hunt it; and in Gurwhal a fine is imposed upon any Puharrie who is known to have sold a musk pod to a stranger—the Rajah receiving them in lieu of rent.

In some districts they are hunted down with dogs, but snaring is by far the most common method practised for their capture. A few are occasionally shot by the village shikaries when in pursuit of other animals, but the matchlock is seldom taken out purposely to hunt musk-deer, for a hill shikarie does not carry the match lighted, and the deer being generally come upon face to face, almost every one would get away before he could strike a light and apply it to the match. In snaring, a fence about three feet high, composed of bushes and branches of trees, is made in the forest, generally along some ridges, and often upwards of a mile in length. Openings for the deer to pass through are left every ten or fifteen yards, and in each a strong hempen snare is placed, tied to a long stick, the thick end of which is firmly fixed in the ground, and the smaller, to which the snare is fastened, bent forwards to the opening, so that the deer, when passing through, treads upon some small sticks which hold it down, the catch is set free, the stick springs back and tightens the snare round the animal's leg. Besides the musk-deer, numbers of the forest pheasants, moonals, corklass, and argus are caught in these snares; they are visited every third or fourth day, and it is seldom that the owners return without something or other. The polecats often find out the snares, and after once tasting the feast, if not destroyed soon, become a terrible annoyance, tracing the fence almost daily from end to end, and seizing on every thing caught, they are often caught themselves, but immediately bite the snare in two, and escape. Musk-deer are frequently lost to the snarers in this manner, for when

one is eaten by the polecats, the pod is torn to pieces, and the contents scattered on the ground. No animal swallows the musk, and when a deer has been killed and eaten by a leopard or other animal, if the ground be carefully examined, much of the musk may be picked up. Insects and maggots also leave it untouched. I once found what I thought was a newly killed musk-deer, but on examination, I discovered it was merely the skin and skeleton of one which, from its dry and withered state, must have been dead some months; the flesh had been completely eaten away by maggots, but the musk-pod was entire.

The musk-pods which reach the market through the hands of the native hunters are generally inclosed in a portion of the skin of the animal, with the hair or fur left on it. When they have killed a musk-deer, they cut round the pod, and skin the whole of the belly. The pod comes off attached to the skin, which is then laid with its fleshy side on a flat stone, previously heated in the fire, and thus dried without singeing the hair. The skin shrinks up from the heat into a small compass, and is then tied or stitched round the pod, and hung up in a dry place until quite hard. This is the general method of preparing them, but some put the pod into hot oil instead of laying it on a hot stone, but either method must deteriorate the quality of the musk, as it gets either completely baked or fried. It is best both in appearance and smell, if the pod is at once cut from the skin, and allowed to dry of itself.

The musk received from the Puharries is greatly adulterated, and pods are often made altogether counterfeit; and as they are generally sold without being cut open, it is scarcely possible to detect the imposture at the time. I have often seen pods offered for sale, which were merely a piece of musk-deer skin filled with some substance, and tied up to resemble a musk-pod, with a little musk rubbed over to make it smell. These are easy to detect, from there being no navel on the skin, it being cut from any part of the body. But the musk is sometimes taken out of real pods, and its place supplied by some other substance, and these are difficult to detect, even if cut open, as whatever is put in is made to resemble musk in appearance, and a little genuine added makes it smell nearly as strong. Some have only a portion of the musk taken out, and its place thus supplied; and others have all the musk left in, but something added to increase the weight. Even in the hills where it is produced, so little do the generality of the

people know of musk, that I have often seen the Puharries about Gangoutrie sell to the pilgrims, to men from the lower hills, and even to their own neighbors, small portions of what they called musk, but what was merely some substance resembling it, with a little genuine musk scattered over it. Of this stuff they would sell about a quarter of a tolah for a rupee, or about twenty shillings an ounce.

The substances commonly used for adulteration or to fill the counterfeit pods are, blood boiled, or baked on the fire, then dried, beaten to a powder, kneaded into a paste, and made into grains and coarse powder to resemble genuine musk; a piéce of the liver or spleen prepared in the same manner; dried gall, and a particular part of the bark of the apricot-tree, pounded and kneaded as above. The dried paste from which common oil has been extracted, called "peena," is also used, and lumps of this are often, without further preparation, thrust into a pod through the orifice in the skin, to increase the weight. Sometimes no care is taken to give the material employed in filling a counterfeit pod even the appearance of musk. A gentleman once showed me a pod he had bought from a Puharrie at Missouri; on my telling him it was counterfeit, he cut it open, and found it filled with hookah tobacco. —*Pharm. Journ., from Shooting in the Himalayas: a Journal of Sporting Adventures and Travel in Chinese Tartary, Ludac, Thibet, Cashmere, etc.* By Col. Fred. Markham, C. B., 32d Regiment.

Glycerine Soap.—A new description of glycerine soap has lately been produced, which seems likely to prove of value in the treatment of many cutaneous diseases, and which is useful for persons having delicate skins, or for young children. The following results have been obtained from its analysis:

Fatty and resinous acids,	71-2
Soda,	6-2
Sulphuric acid,	.4
Chlorine,	.25
Glycerine,	5.45
Water,	16.5
	160.000

The peculiar features of this soap, as indicated by the analysis, are, the presence of a considerable quantity of glycerine, the almost entire absence of common salt or other saline matter, and the reduction of the alkali to the smallest amount available for the formation of a perfect soap.

Editorial.

OUR DUES.

In the June No., we sent out our bills for the present and past volumes of the Lancet. While we desire to keep the remembrance of this fact still before those of our subscribers who have not found it convenient to respond to our call for "material aid and comfort," we wish to convey our thanks to the large number of gentlemen who have so promptly given that tonic which is so essential in bracing up the Editorial spine. To the complimentary notices of our Journal, that accompany many of the remittances received, we can only say, we "give in"—"your's forever."

☞ We are indebted to the Medical Counselor for our report of the Proceedings of the Ohio State Medical Society. Speaking of the "Counselor," we would remind our readers that it is an excellent weekly journal, edited with much spirit; costing only three dollars per volume. The volumes look well when bound and placed side by side with the volumes of the Lancet on the shelves of a Library. If you would like to see them so arranged, call at our office.

☞ We have received the first announcement of the New Orleans School of Medicine, a new school recently organized in the Crescent City, that will give its first course of instruction during the coming winter. The names of the gentlemen who compose the Faculty are well known to fame, and we have no doubt their new enterprise will be conducted with energy and ability.

☞ Professor Austin Flint has resigned the chair of Theory and Practice of Medicine in the University of Louisville, and we learn, is about to return to his former residence at Buffalo, N. Y.

☞ Mr. G. J. Guthrie, one of the most eminent military surgeons of the day, died in London last May.

☞ We find in the London Times and Gazette a very lengthy and interesting report of the trial of William Palmer, charged with poisoning Mr. Cook, one of his sporting companions, with strychnine. From the standing, wealth and influential connections of Palmer—the atrocity of his many similar crimes—and the learned experts employed by the Crown to detect the poison, his trial is one of the most thrilling and interesting Medico-Legal investigations of the age. He was clearly convicted, sentenced and executed on the gallows,—though to the last he refused to make the least acknowledgment of his guilt.

CARLSBAD SPA.

We deem it an agreeable duty to call the attention of our readers to the establishment which, under this name, Dr. Hanbury Smith has opened at the N. E. corner of Walnut and Seventh streets, in this city. Here, by ingenious processes, are reproduced in the laboratory exact imitations of the more active and valuable medicinal mineral waters of the known world; and thus an opportunity is afforded to the large class of sufferers in whose cases mineral waters are specially indicated, to avail themselves of them at comparatively very small cost of money, time or labor,—and to the physicians of this country to make themselves practically acquainted with a series of remedies heretofore out of their reach.

For ourselves, we have been much interested in an examination of the processes, as shown and explained to us by Dr. Smith; we are pleased in prospect of an addition to our therapeutic agents, and congratulate our citizens on the locating of an establishment in Cincinnati, which can not but prove as attractive as it is useful.

From a work called "The Spas of Germany," by Dr. Granville, a distinguished English physician, we extract the following disinterested testimony:

"The artificial waters in question are found to contain all the qualities and properties, in the most minute degree, of their corresponding mineral springs, as well in regard to the effect which they produce on the human body, as in their chemical composition, taste and intensity of union. To produce *all* the effects of the real or natural mineral water, of which they are the closest imitation possible, they only need the auxiliaries to which I have so often referred in the present volume, and which are so eminently calculated to

facilitate and hasten the recovery of patients. The testimony of the most celebrated physicians in Germany—at the head of which I may place Kreysig, Clarus, Ammon, and many more—strongly corroborates my opinion of those waters; and I was happy to find, during my last visit to Germany, that that opinion has been, and is gaining ground all over that country."

The waters are drank at the Spa, as a rule, early in the morning, say between five o'clock and eight, directly out of the apparatus in which they are prepared and preserved. Among those to be procured are Carlsbad, Eurs, Marienbad, Pyrmont, Vichy, Egra, Spa, Kissingen, Heilbrunn, Hombourg, Fachingen, Geilnau, Selters, Seydschutz, Pullna, etc. Some of these are purgative, others deobstruent, some tonic, others alterative; and yet others are possessed of two, three, or more of these properties in a large series of varied combinations, thus affording advantages of choice and change unknown at any one watering place. and an almost inexhaustible store of therapeutic resources.

☞ M. Vidal (Dr. Cassis), surgeon to the Venerial Hospital of Paris, died on the 16th of April of a renal disease of long standing. He was M. Ricord's colleague, and the author of a work on Surgery and a Treatise on Venerial disease, that, from the translation of Prof. Blackman, is well known in this country.

☞ It is announced in the Medical Examiner, that Prof. Thos. D. Mutter has resigned the chair of Surgery, so long and ably filled by him, in the Jefferson Medical College; and that Prof. Gross, of the Louisville University, has been appointed to fill the vacancy.

Miscellaneous.

[We take the following extract from an editorial in the Medical Counselor, relating to the private use of the Ohio State Medical Society, for the gratification of some ambitious members:]

"It is to be regretted that the personal matters of any one, or any few members, was permitted to occupy so much of the precious time of the Society, as seems to have been the case with the grievances of Dr. M. B. Wright. We judge that nearly one-third of the time of

the last two meetings of the Society has been consumed in the consideration of the annual "resolutions" and speeches of Dr. Wright, upon matters unprofitable and irrelevant to the interests of the Society.

Last year Dr. Wright "Resolved"—that the great moral code, containing the injunction, "Do unto others as ye would that others should do to you," is all that is necessary to promote a proper spirit of professional intercourse. In the discussion of this proposition, much time was consumed in lengthy speeches. This year he introduces resolutions declaring that all questions of interest to the profession should be openly and fairly determined, and that an editor of a medical journal has no right to abuse people, be dictatorial, or any thing else than a *gentleman*.

We presume that most, if not all the members of the Society, admit that the "golden rule," all things considered, is a good one, and that editors *should* be *gentlemen*. They are agreed on these questions already, and hence there can be no necessity for resolutions, and long and perforating speeches in support of them. As equally relevant to the interests and business of the Society, we shall next year look for a series of "resolutions" declaring that the multiplication table is an excellent document, and that every infringement of its principles should meet the severest rebuke of the medical profession, to be supported, of course, by lengthened argumentation.

Lines Addressed to a Skull.—The following beautiful verses were found in the skeleton case of St. Bartholomew's hospital more than thirty years ago, placed there by some unknown hand. Breathing alike the true spirit of poetry and religion, we take pleasure in perpetuating the anonymous production:

Behold this ruin! 'twas a skull,
Once of æthereal spirit full;
This narrow cell was life's retreat,
This space was thought's mysterious seat.
What beauteous pictures filled this spot!
What dreams of pleasure—long forgot!
Nor love, nor joy, nor hope, nor fear,
Has left one trace or record here.

Beneath this mould'ring canopy
Once shone the bright and busy eye;
Yet start not at the dismal void!
If social love that eye employed;
If with no lawless fire it gleamed,
But with the dew of kindness beamed—
The eye shall be for ever bright,
When stars and suns have lost their light.

Here, in this silent cavern, hung
The ready, swift and tuneful tongue;
If falsehood's honey it disdained,
And where it could not praise, was chained;
If bold in virtue's cause it spoke,
And gentle concord never broke;
That tuneful tongue shall plead for thee
When death unveils eternity.

Say! did those fingers delve the mine?
Or with its envied rubies shine?
To hew the rock, or wear the gem,
Can nothing now avail to them;
But if the page of truth they sought,
And comfort to the mourner brought;
These hands a richer meed shall claim,
Than all that waits on wealth or fame.

Avails it whether bare or shod,
These feet the path of duty trod?
If from the bowers of mirth they fled,
To soothe (?) affliction's humble bed,
If grandeur's guilty bribe they spurned,
And home to virtue's lap returned;
These feet with angel's wings shall vie,
And tread the palace of the sky!

—*Virginia Med. Journal.*

The Will of the late Dr. J. C. Warren.—The will of the late Dr. John C. Warren, of Boston, provided for the disposition of his body with an especial reference to the science which he had so long pursued and adorned. The will required that the body should remain 24 hours, at the close of which time arsenic should be infused into the veins; at the end of the next 24 hours, the funeral ceremonies should take place, and the body be deposited beneath St. Paul's Church; and 24 hours thereafter was to be given for examination to the officers of the Medical College and the physicians of the Massachusetts General Hospital, to ascertain regarding certain peculiarities which he supposed to exist. After this, the flesh was to be taken from the bones, the bones macerated, wired and deposited in the College Museum. The will, we understand, is peremptory.

New Test for Nux Vomica.—The following test, proposed by Vielgruth, and approved by Wittstein, for detecting nux vomica, recommends itself for its simplicity: A few grains of the substance supposed to contain nux vomica is treated with proof spirit. The tincture thus obtained is evaporated to dryness on a water bath, at a temperature of about 95 degrees. To the residue, a drop or two of dilute sulphuric acid is added. The whole is again exposed to the above mentioned temperature, when, if nux vomica is present, a beautiful carmine red color ensues. If the heat is stopped in the course of ten or fifteen minutes, this color disappears; but it will reappear, although of diminished brightness, by a renewal of the heating. If the temperature be increased, the color becomes reddish brown, and finally black, in consequence of the separation of carbonaceous particles.—*London Lancet.*

Case of Triplets. By J. Levergood, M. D.—In the February No. of the Examiner, the writer recorded a case of triplets that occurred in his practice, and noted a peculiarity in the excessive shortening of the funis, in connection with it. Since then, another triplet *accouchement* has startled our community from its propriety; and well it might, it making the third case of the kind that has occurred in this borough within the last forty-eight months. When we take into consideration the fact, that the last census gave us a population of but 1310 souls, we can still better appreciate the remarkable nature of the occurrence I have mentioned, as statistics prove triple births to be an unusual event in obstetrical practice. In James' Burns we find it stated, that "more than three are not met with once in twenty thousand times." Cazeaux says, in speaking of multiple pregnancy, "triplets are very rare, since there were but five in the records of 36,441 *accouchements* that occurred at la Maternite in

Paris. On referring to Churchill's elaborate statistical tables, we there find, that in a total of 448,998 cases, there were only 77 tripets, or 1 in 5,831. Two of the three females referred to were previously confined with twins.

Through the kindness of Dr. John A. Thompson, in whose practice the case happened, I am placed in possession of such facts as are necessary to constitute a satisfactory account of it; and they are succinctly these:

Was called Jan. 25th, to attend Mrs. P., æt. 38, in her fourth labor. A per vaginam examination discovered the os uteri tolerably well dilated, membrane unruptured, and head presenting. The pains increasing both in frequency and force, the bag of waters was ruptured, and shortly afterwards a healthy male child was born. There being evidence of another fœtus in utero, an examination detected the feet of a second child, and its delivery speedily followed. This was a female, and lived but a few hours after its birth. Upon the *touch* being again applied, a third child was found, head presenting, and its delivery was not long delayed, it being a vigorous male infant. Slight traction upon the cords had the effect to bring away three separate placentæ, and the parturition was completed in two hours from the commencement of the parturient throes.

Santonin as an Anthelmintic.—Having had several cases during the last six months (among the poor) of children suffering from worms, I was induced to try the effect of santonin, and from the very satisfactory results which have arisen from its use, I think it may be interesting to your readers if I give publicity to the same.

Among the first cases treated, was that of a child of two years of age, to whom I gave three grains of santonin, followed in two hours by an aperient powder; this child voided the next morning, at one time, thirty-seven worms, some of them a foot in length, of the lumbricoid ascaris kind. Two children in another family were similarly treated, and between forty and fifty worms came from each; again, in a family of four, 124 worms at one time, and many more afterwards, followed the aperient, each child having taken one dose of santonin. I could instance many more cases which have been relieved by this medicine. After the expulsion of the worms, I give a tonic mixture, containing the muriated tincture of iron and muriatic acid, and change the diet from a vegetable one to that of meat and bread. My cases all do very well.

I should state that santonin is a medicine that may be administered with perfect safety. I give it in its crystallized form, between bread and butter, and two hours after it a dose of calomel and jalap; in some cases, an interval of twenty-four hours occurs before the worms are vomited.

The persons who reside in the locality in which I have met with these cases, are very poor, and, from the high price of bread this winter, have had recourse to vegetables of the commonest description, as an article of food, which will account for the presence of worms in the alimentary canal.

I am, sir, &c. GEORGE G. PERRY, M.R.C.S. Eng., L.S.A.

Droxford, Hants, May 1, 1856.—*Med. Times and Gazette.*

Medicated Collodion.—M. Aran, physician to the Hospital St. Antoine in Paris, has just had the idea (taking the hint from M. Hysch, of St. Petersburgh) of incorporating certain substances with collodion, and thus to insure the complete application of the former to the cutaneous surface. M. Hysch had proposed a cantharidic collodion, and M. Hannon, of Brussels, a saturnine combination; but M. Aran found that the collodion formed, in both cases, with the medicinal substance, a parchment-like layer, which yielded little or none of its medicinal ingredients to cutaneous absorption. He therefore resolved to attempt no combination of collodion with active substances, except the latter were *soluble in ether*. Sublimate, iodine and steel have been experimented upon with good results; the first to destroy small-pox pustules; the second, for certain uterine affections and chronic eczema; the third, to constrict the upper part of the vagina and the neck of the uterus, and to allay the pain and burning sensation in erythema and erysipelas. The proportions are the following: 1st. Sublimate, 22 grains; collodion, 27 drachms. 2nd. Iodine, 1 drachm; collodion, 27 drachms. 3rd. Liquid perchloride of iron, 1 ounce; collodion, 27 drachms.

The Action of Amorphous Phosphorus on the Organism.—In doses of five grains, when administered to a dog, Reynauld and Lassaigne find that amorphous or red phosphorus has no poisonous effect. They also gave half-grain doses to birds without any disadvantageous circumstances; and consider that it has no action on the mucous membranes.

Behavior of Picrotoxin with Burseswill's Sugar-Test.—Becker, who has investigated the properties of picrotoxin, states, when this substance, in an acid solution, is boiled with a potash solution of copper, suboxide of copper is precipitated, and that this reaction does not depend on the existence of sugar as an element of picrotoxin.

New Method of Preparing Pure Oxide of Zinc for Medical Use.—It is well known that the old method of making oxide of zinc, in our pharmacopœas, was discarded on account of the impurity of the product. This method, with certain improvements, is now in active operation, in consequence of some experiments by Mr. Hubbuck, who is a manufacturer of oxide of zinc on a large scale, for use as a pigment. He finds that, when the products of the combustion of metallic zinc are intercepted at a ceetain distance from the crucible or retort in which its combustion takes place, a pure oxide of zinc is obtained, possessing all the chemical and physical qualities desired by the medical practitioner. In fact, Mr. Hubbuck's method is in every way the best and cheapest one for making this almost constantly impure oxide.

Method for the Detection of Phosphorus in Cases of Poisoning.—E, Mitscherlich considers the following the most delicate method for the detection of phosphorus in toxicological cases: The substance to be examined is distilled with sulphuric acid and water from a flask, and the vapor conducted through a glass tube into a vertical glass receiver. This receiver passes through the bottom of a broad glass cylinder, filled with cold water, which is constantly renewed in the usual manner, so that the hot water escapes from the top, and the cold water enters at the bottom. Under the lower end of the receiver, which passes through the bottom of the cooler, a vessel is placed to collect the distillate.

If phosphorus is present, its vapor passes over with the steam into the receiver, and it may be seen where the vapor enters the cool portion of the receiver, as a distinct illumination in the dark, which long continues. Generally, an illuminated ring is observed. From substances, such as flour, which only contain one hundred-thousandth part of phosphorus, the fluid can be distilled off, and the distillation be continued for half an hour without the illumination ceasing. After such an experiment, the flask and its contents may be expossd to the air for fourteen days, and the distillation repented with the development of the illumination.

When volatile bodies, as ether, alcohol and oil of turpentine, are present, which destroy the illumination of the phosphorus, the ether and alcohol must be distilled off, and then the illumination will appear. Oil of turpentine prevents the illumination; but such an admixture is not likely to occur in forensic investigations. If ammonia be present, its detrimental influence may be prevented by the addition of sulphuric acid.

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EDITED BY T. WOOD, M. D.,

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Original Lectures, Essays and Communications.

Forceps versus Scissors, Sharp Crotchet, etc. By J. R. FREESE, M. D., Bloomington, Ill.

Most of my friends call me a *bold* operator, a bold practitioner, nevertheless I know it to be true that, however bold I may be where I can see and feel, and thus know exactly what I am doing, I am considerably timid when it comes to working in the dark, with sharp instruments, among delicate organs and tissues.

There is no operation for which I have ever felt a greater dread than that of Craniotomy. The delicacy of the occasion —the soft, delicate tissues with which the instruments must come in contact, more or less; and the ugly look of the instruments to be used, have all conspired to make me wish that I may never be under the necessity of performing the operation, and thus far I have been gratified in my wish.

A few months ago, however, I thought, to use a common expression, that I was "in for it," and the manner in which I "got out of it" will form the subject of this article. If the publishing it enables any of my Medical brethren to get out of a like difficulty in a like satisfactory manner, I shall consider myself fully repaid for the trouble of reporting the case.

Mrs. W. was, and is, a strong, healthy woman of about 32 years of age. She was not married until about 30, and in about one year thereafter she was in the usual interesting condition, and prepared to present her devoted husband with a pledge of her affection. Her labor pains commenced on Friday evening, continued all night, all day Saturday, and Saturday night, and all day Sunday and Sunday night until about 12 o'clock, when I was sent for as consulting physician. On arriving at the house and learning the history of the case, I at once proceeded to make an examination, *per vaginam*, when I found, somewhat to my horror, that the antero-posterior diameter of the pelvis was only from two to three inches, while the transverse diameter was not more than three and a half inches. At once the horrors of Craniotomy, with its punctures, and breakings, and crushings, and mutilations, arose to my mind; but, not having the necessary instruments with me, and yet having brought along a pair of Hodge's Forceps, I concluded to try the efficacy of a milder kind of crushing, before sending for the instruments to perform Craniotomy. The woman was fast sinking—indeed, her pulse was scarcely then perceptible, and I felt that whatever was done, must be done soon. My mind at once fixed upon the following plan, and I resolved to put it into execution without delay.

The strait I concluded was large enough to admit the entrance and exit of the Forcep blades, and if I could get them fairly on the head of the child (it being a vertex presentation), I would use force enough to *crush the head within the size* of the Forcep blades, and thus deliver the woman. Having told the attending physician of my plan, and informed the friends that the operation was a critical one for the mother, and certainly fatal to the child, I proceeded to place the woman in *situ*, and apply the blades of the Forceps, *secundum artem.*

Having got the blades fairly applied, and assured myself that there was no portion of the genital organs within their grasp, I grasped and pressed the handles of the Forceps with

such force that they *hit together*, and there I secured them with a strong cord. I was then prepared to draw upon the fœtus, which I did, first gently with a slight rotary movement, and then with considerable force, but not an iota did it seem to come forward. After allowing my patient to rest for a few minutes, I again applied force, and very considerable too, and this time there was a slight advance—sufficient to encourage me to make a third effort, after allowing my patient a little time to rest. I now changed her position from the edge to the middle of the bed, and had her hips raised by placing pillows underneath. I stood, myself, upon the bed, and when all was ready, I again applied a very considerable force to the Forceps, giving it such motion and direction as would favor the delivery; and, as "fortune favors the brave," and "perseverance is followed by success," this time I succeeded in completely delivering the head. I immediately untied the handles and took off the forceps from the head; and such a looking head!—two or three times as long as it was broad—looking more like a piece of the human arm than a fœtal head. I speedily pressed and moulded it into shape as best I could, and then proceeded to deliver the balance of the fœtus, which I had to do entirely by force, as there were no labor pains whatever. Observing that the child did not breathe, I blew into its mouth, and tried to make a bellows of the chest, and pretty soon my efforts were rewarded by seeing the child commence to breathe. Having cut the cord, I passed the child to the nurse, with particular directions as to its care.

The mother did not flow more than usual, and, except very great exhaustion, consequent upon the long labor and operation, no special symptoms presented themselves to our care. In about nine days she was up about the house, attending to her usual duties.

Strange to say! and contrary to every probability and my own definite prognosis, the child *lived*—continued to enjoy good health, and to-day is as healthy, and seems to enjoy as good mental faculties as any child in the city.

have been lost, for I fully think now, as I did then, that the mother's life would, almost certainly, have been sacrificed in the operation of craniotomy, however skillfully it might have been performed.

One line of the school-boys' song reads—

"If at first you don't succeed, try! try again!"

and it is a lesson to be heeded by the surgeon as well as the school-boy.

The *force* that may be applied with safety in extracting the fætus, is another of the lessons that is to be learned from this case. I am a strong, muscular man, and when I say that I applied "a very considerable force," you may well guess what it means. However, before applying such great force, I was, as Col. Crockett would say, "sure I was right." I was sure that there was room for the exit of the closed forcep blades, and I was sure, too, that no fold of the vagina, or other portion of the generative organs were within their grasp; and feeling as I did that life or death was dependant on the success, and speedy success too, of my plan of treatment, I applied more force than I should have dared to apply under less urgent circumstances.

The woman, in recovering, did not complain of more than ordinary soreness, and no present or subsequent ailment has happened to the womb or vagina on account of the force applied.

In conclusion, let me suggest that, in all cases where there is room for the entrance and exit of the *closed* forcep blades, try my expedient, and if it succeeds, as it did in my case, you will thank me for the suggestion.

I look upon such fortunate results, in exceeding difficult cases, as green *oases* in the midst of the great desert of practice, and if others of our professional brethren will take the trouble of reporting such as may fall under their care, it will relieve the tedium, and cheer us on in the arduous duties of our noble profession.

Syrup of Iodide of Iron in Uterine Hemorrhage.—By O. C. Gibbs, M. D.

Having recently seen the Syrup of Iodide of Iron spoken highly of in cases of menorrhagia, in a late number of the *New-York Medical Times*, I am induced to make mention of a case of uterine hemorrhage, in which this agent seemed instrumental to a cure after a failure of other means.

In the summer of 1850, having recently cured a case of uterine hemorrhage, that had for two years grown worse under quack medication, until the patient was nearly bloodless and apparently very near death, I was called several miles beyond the ordinary bounds of my practice, to see a case of uterine hemorrhage, supposed to be similar to the one just cured, upon the strength of which case my present patient was placed under my charge. The case alluded to, to which I was indebted for this one I am about to relate, was one of uterine polypus, that had long been treated as a case of prolapsus uteri with pessaries and supporters. The removal of the polypus, followed by the administration of chalybeate tonics, soon restored the patient to health. I did, indeed, hope that the cases would prove similar, that the expectations of patient and friends might be realized, and the hemorrhage in this latter case be as summarily disposed of as in the former.

I found my patient in an extremely anemic condition. She was about forty years of age, and had borne nine children. Her youngest was about six months old, since the birth of which she had been troubled with uterine hemorrhage. The vagina was plugged with a silk handkerchief, which I carefully removed; clots of blood were also removed, and the neck of the womb was found soft and florid, and the os uteri open to a size easily admitting the finger. No polypus, fibrus tumour, or other disease of the womb was discoverable. The hemorrhage was of a passive character, and seemed to arise from an atonic condition of the system.

I ordered the vagina and rectum to be injected each twice daily with cold water, quinine and iron to be regularly admin-

istered, and a teaspoonful of the following mixture to be given three times a day:

Tinc. Ergot ʒ viii.
" Opium ʒ iv. mix.

The bowels were also directed to be kept open with the compound rhubarb pill; cool drinks and the horizontal position enjoined. This treatment was continued with but little variation, giving occasionally tinc. kino or acitate of lead, for about three weeks, with but little improvement. Plugging had to be occasionally resorted to during this time. A little vigor had been acquired, and the countenance had somewhat improved, but the main essential of the disease, hemorrhage, was but limitedly under control. I had failed to fulfill the high expectations of my patient and her friends, the confidence reposed in me at first was gone, and, indeed, I had fearful apprehensions that she would pass from my hands but little improved, to loose even that little soon.

At this point in the case I ordered syrup of iodide of iron, in 30 drop doses, three times a day, also small doses of turpentine, three or four times a day, in connection with the daily use of the cold hip bath and friction along the spine.

The patient soon began to improve, and in three weeks more was discharged cured. Soon after she again became pregnant, and whether hemorrhage succeeded her next confinement I do not know, as I lost sight of her in a change of residence. Whether the turpentine, or the syrup of iodide of iron, or the two conjoined, deserves the credit of cure, or whether recovery was independent of either, it is certainly impossible to determine. In my own mind, I gave the principal credit to the syrup, and should, probably, in a similar case, under similar circumstances, give it additional trial.

Disease of the Bladder and Kidneys and their Treatment.—By M. Wemple, M. D.

It seems that since the invention of instruments, and the discovery of chemical reagents for the purpose of detecting morbid conditions of the urine, practical as well as theoretical men have occasionally forgotten to look into the labratory and urinal reservoir of the body for disease, but have attributed all the discolorations of litmus, and abnormal specific gravities to some corresponding disease of the circulating fluid.

What I wish to call attention to in this article is the frequency of disease of the kidneys and bladder amongst the laboring classes of lumber districts; a disease which is generally organic in character, and which yields slowly and stubbornly to the influence of remedial agents.

As the history of cases is generally more interesting than didatic lectures, I have chosen two from my note book to illustrate the above remarks. One thing I wish noticed in the treatment of the following, and that is the extract of Taraxacum, an article which, when used as a diuretic and aperient, deserves more credit than has generally been allowed it. In July, 1854, I was called to see a patient who had been confined to his bed for two or three months. His occupation had been that of shingle maker, but, for a year previous, he had not been able to do much on account of a dull, deep-seated pain in the lumbar region, and at times great trouble in passing urine. I found the patient lying on his back being unable to bear the erect posture for any length of time.

The symptoms were as follows: pulse open, soft and small; tongue slightly coated with a white fur; appetite poor; pain in the gastric and hepatic regions, but not aggravated by pressure. Bowels soft. The skin was in the condition generally found when hectic is present. There was great tenderness in the region of the kidneys, and the day before I saw the patient he had discharged a large quantity of pus with his urine.

I examined the bladder with a sound but could detect no

lesions there. Feeling justified in pronouncing it a case of organic disease of the kidneys I proceeded with the following course of treatment—First introduced a seton over each kidney and then put him upon the following

℞ Pill Hydrarg. gr. xv.
Ext. Taraxacum ʒ. j.

made into fifteen pills—five to be taken each day with three drops of creosote to be taken three times each day.

This treatment was continued until the gums became slightly inflamed, when the mercurial was dropped and the iodide of potass substituted until all traces of Ptyalism disappeared, when the mercurial was again used, thus alternating and avoiding the irritation caused by the long continuance of such remedies. A diluent, nourishing but unstimulating diet was also ordered.

This course of treatment was continued until the following September, when the patient was discharged sound and well.

Now it may be asked, what had the extract of taraxacum to do with the cure? I answer it had much. The patient had taken a large amount of pill hydrage before I saw him, and was passing large quantities of pus with his urine, and as the bladder was perfectly sound, the disease could be situated in no other place than the kidneys, which disease stimulating diuretics would have aggravated rather than relieved. In addition to its diuretic properties it is an excellent aperient and can be borne when the stomach will reject every thing else.

In the second case which came under my care, immediately after discharging the one already related, there was no disease of the kidneys but the bladder presented all the elements of long standing disease. This patient had been passing blood mucus and pus with his urine for several months. In this case the taraxacum was not used as there was no indication which it could fulfill. Not feeling any confidence in the powers of any treatment but that of counter irritation and cauterization I asked the opinion of Dr. G. S. Burbridge, of Kentucky, in

regard to an injection of nitric argent, which was favorable and thirty grains to the ounce of aqua distill was injected and retained half an hour. This was followed up three times each week until all symptoms of inflammation subsided, when bark ale and a nourishing diet was allowed and at the end of two months the patient was discharged well.

Observations on the use of Belladonna, in certain forms of Mental Abberration.—By B. R. Battaile, M. D.

Permit me to call your attention, and that of the profession, to the use of the extract of belladonna in certain cases of mental derangement, which have occurred in my practice. Atropa belladonna or deadly night shade, (*as you know*), is an exotic; sexual system pentandria monogynia, nat. order solanace. It is sometimes seen in our gardens along waste places among rubbish, and flowering in June and July. Its fruit is a roundish berry reddening as it ripens, and afterward of a deep purple color; very dangerous for children or ignorant persons, as it is very poisonous.

The leaves are oval, acute inoderous, slightly nauseous of a sweetish sabacid taste. Belladonna is a very energetic narcotic; employed in hooping cough, ticdolouroux and other nervous affections; also as a prophylaxis in scarlet fever. The extract is the preparation used in the cases above alluded to. Having had in the months of January and February, 1855, a severe case of maniacal derangement which occurred iu a body 45 years of age, who, after a protracted treatment of six weeks, entirely recovered. I determined in the next cases in my practice to use the belladonna with more precision and to push it to the extent of its specific influence on the system. In using this medicine in coughs and lung diseases, having observed it to produce temporary delirium along with dilatation of the pupils; it occurred to me whether this effect

could not be produced in order to counteract a similar influence already existing in the system, upon the principal "*simmilea, similibus, curanter.*" Case 1st, Mrs. F. aged 20, a robust woman, luco-phlegmatic temperament, was delivered of a healthy child, November, 1855, about the time of parturition and afterwards several painful altercations with her husband occurred, which, together with an untoward aspect of their temporal affairs, resulted in a total suppression of the mental faculties. Upon seeing her, a dull, stolid, speechless, stupefaction was all the manifestations that presented themselves to the observer; pulse quick and irregular, child entirely unnoticed. She was able to walk about the room, and out of doors. Suppression of the uterine discharges, which may have had some effect in producing derangement. The character of the disease was rather of the passive than active kind. When spoken to she appeared moody and sullen and entirely speechless; had been in this state several days. With some difficulty she was forced to take 2 grs. of the extract of belladonna about 10 o'clock, A. M., followed in two hours by a brisk cathartic; at night 2 grs. extract; the next day suckled her baby, and seemed more coherent; at 12 took 2 grs. extract belladonna; appeared much more rational and seemed to understand what was said to her; she yet refused to speak; at night took extract; slept well and next morning rational and spoke a little when spoken to; the pupils being much dilated the medicine was discontinued; recovery rapid and complete.

Case 2d, Mrs. C. B., aged 27, a rather delicate lady, of weak intellect, had been delivered before I saw her, and had puerperal mania, discharges suppressed and scant at first. Having attended this patient before I was somewhat acquainted with her mental diathesis. Pulse weak and quick; was very incoherent at times, though generally rational. Considered by her friends not altogether sane; gave the extract of belladonna as above; also gave acetate of lead and Dover powder for the diarrhea, which she had and was constitu-

tionally subject to. Recovery in ten or twelve days and complete.

Case 3d, Mr. M. C., aged 26, lost his wife about the 20th of April, 1856. She having died suddenly, I was sent for to see him April 27th. The week before I saw him he had an attack of mental abberration attended with palpitations, depression of spirits, and had been also the subject of a severe fit of *cramp collic*, as his relations and friends said, so much so that his life was despaired of. When I saw him he was lying upon the bed with numerous attendants around him, with another attack of cramp *collic*. Mind very incoherent, loquacious—had been previously in a very depressed state of mind with low melancholy from loss of his wife. The principal seat of his bodily ailment he referred to a pain seated a few inches below the right nipple; upon examination I declared to him and the attendants that there was no evidence of disorder at the spot indicated, nor did I believe there was one symptom of cramp collic. The disease resembled hysterical spasm more than any thing else. The patient had not slept for several days and nights, a cause sufficient in itself to produce mental disorder. Gave 2 grains of extract of belladonna, followed by a brisk cathartic; next day under active cathartic operations; continued the extract; slept well at night; mind nearly restored. Recovery rapid and complete. The varieties of intellectual abberrations and their causes is a subject too extensive for this place. I would like to discuss it in another article.

Epilepsy.—By Edwin R. Maxson, M. D., of Geneva, N. Y.

Perhaps there is no disease which afflicts the human family, that has been the subject of more doubt and empiricism than epilepsy.

In almost every age, from the time of Hippocrates to the

present, there has been coming up some new idea in relation to the nature and treatment of this disease.

And notwithstanding the many specifics for this affection which have had their day, we are yet left to fall back upon our knowledge of anatomy, physiology, pathology and therapeutics in order to treat this disease on rational principles.

When we shall learn to examine epilepsy on strict common-sense principles, like true medical philosophers, I suspect that there will be less of mystery surrounding it, and that some cases, at least, will be found entitled to a favorable prognosis, and which, with proper treatment, will result in a perfect and permanent cure.

From extensive and careful observation of this affection, both in hospital and private practice, I am satisfied that the immediate cause of the epileptic paroxysm is conjestion of the brain, and mainly of the cerebellum, especially in the early stages, and in mild cases. And that it is the extension of this congestion to the cerebrum, thus involving the whole brain, which produces the apoplexy that generally precedes the fatal termination in violent cases.

In the milder cases, the congestion affecting or deranging the distribution of the nervous influence to the voluntary muscles, and thus interrupting mainly the animal functions; while in severe and fatal cases the general cephalic congestion damages or entirely interrupts the flow of nervous influence to the sympathetic nerve, thus interrupting or suspending the involuntary or vital functions.

Now, if this position be true, it does not necessarily follow that in every case of epilepsy there is actual, permanent disease of the brain, or in every case even, a strong hereditary predisposition to cephalic diseases—though this may very generally be the case.

The hereditary predisposition to epilepsy, is marked, according to my observation, by a short neck, a big head, and an idiotic expression of countenance; and where these conditions exist, and the epileptic fits are developed without any

special local or general accidental cause, very little good has resulted, generally, I think, from any system of medical treatment. But by a careful observance of the laws of health, I am satisfied such cases may be rendered milder, and the paroxysms sometimes be made to occur less frequently.

Many, however, of the epileptics of the present day are the result of some general or local affection, of which the cephalic congestion is symptomatic, the brain, if at all diseased, only becoming so by degrees from the repeated congestion, or from the local or general morbid derangement of the system.

According to my observation, irritation of the alimentary canal, with indigestion, in some form, is by far the most frequent local affection of which epilepsy is symptomatic; but the epileptic paroxysm may depend upon uterine derangement, or upon a general irritable condition of the cerebro-spinal and nervous system, with slight softening of the brain, brought about by masturbation, or perverted excessive sexual indulgence, or sometimes, perhaps, by other species of imprudence.

I need hardly say, that in all cases of epilepsy, symptomatic of some local or general affection that may admit of relief, a judicious course of treatment should be early adopted and persevered in for a reasonable time, as a cure in such cases is sometimes to be hoped for at least.

The imprudence which has led to the local or general derangement, should be sought out and corrected if possible, and the local and general morbid condition treated on general principles; and as the system becomes regulated the fits will sometimes gradually or suddenly disappear, and a permanent recovery be the result.

In the summer of 1848, I was called to see a boy, twelve years old, who had been subject to epileptic fits of a severe character, for ten years—the fits having commenced when he was about two years old; they had gradually grown more frequent till the time I saw him, when he was having from one to three fits per night, coming on, generally, soon after falling asleep.

He had been repeatedly subjected to medical treatment, without benefit, and had become quite idiotic in his appearance.

In searching for the cause, in this case, I became satisfied that it was from indigestion, and that the indigestion was produced and had been kept up from early childhood by the habit of eating at all hours of the day, or between meals.

I therefore directed that no food be allowed, except at regular meal time, and gave him a pill, after eating, morning and evening, composed of rhei, ferri carb, zinc oxide and ext. conii, each one grain. In three weeks his fits had ceased, and though I continued the pills about six months, he has never had another fit, and has now grown to be a bright, rugged and intelligent young man.

Cases of Tracheotomy, for Croup and Foreign Body in the Trachea.—By G. A. KUNKLER, M. D., of Madison, Ind.

CASE 1. On the 5th of May, of the present year, I was called to attend the child of Mr. P——, which had been seized with well marked symptoms of croup, the same night. The little patient was a strong, healthy child of four years, and had been treated by me for croup several times previously.

The symptoms, from the beginning, were of extreme violence. The usual strictly antiphlogistic treatment was employed. A number of leeches were applied to the neck, emetics and purgatives were administered, but with only temporary relief. On the second day the symptoms had increased in violence; a blister was applied to the neck, and subsequently dressed with mercurial ointment. A strong solution of nitrate of silver was also used, and freely applied, but without benefit. On the evening of the third day, the symptoms became so aggravated that every paroxysm threatened immediate suffocation. Considering the case utterly hopeless,

I proposed, as a last resort, tracheotomy, which was accordingly done with the consent of the parents. The child being firmly held by several assistants, a single incision, about an inch and a half long, was made, which fully exposed the trachea. The hemorrhage was trifling; after it hed ceased the trachea was opened to the extent of three quarters of an inch. The false membrane could then be distinctly seen, moving with the respiratory efforts. A portion was seized with a pair of small forceps, and drawn out of the wound. Quite a number of smaller fragments were expelled shortly afterwards. The respiration became regular and easy as soon as this had taken place, the pulse also became slower and more calm. The child was so exhausted that it fell asleep while I was dressing the wound. There was very little cough the first five hours. There was a considerable discharge out of the tube which had been inserted, for about thirty hours, some person being constantly required to watch the patient and to remove the obstructions when necessary. During this time, the symptoms firadually became more favorable, and in the course of five days the tube was removed, respiration being established in the natural manner. A croupy cough remained for some time after; there was also some hoarseness, which, however, gave no trouble. The wound healed rapidly and kindly, and the patient is now in perfect health.

CASE II. During March of 1853, I attended the infant of Mr. C., a farmer. The patient was a strong, robust girl, aged about two years. It had been attacked with croup two days before I was called in, having, during this time, been treated with domestic remedies, The usual treatment proved utterly useless; the disease progressed until the third stage, when I proposed and performed tracheotomy. The patient appeared to be improving for the first twenty-four hours; after that the symptoms became more aggravated, and on the third day after the operation the patient died.

In this case, the false membrane had also been fully formed. I removed a piece, immediately after the operation, fully two

inches long, and a number of smaller pieces were afterwards removed which were found flapping in the wound when the tube was taken out to be cleaned.

CASE III. Some four years ago, while in the State of Mississippi, I was called to see a mulatto boy, who, while shingling a roof, had taken a fragment of a nail into his mouth, which, while he was speaking, had been drawn into the trachea. A violent suffocative cough immediately followed, in which the patient imagined that the nail was expelled. On seeing the patient at six o'clock in the evening, four hours after the accident, I found the patient—a slight built, delicate mulatto, aged twenty three—breathing with some difficulty, a hoarse croupy cough, and considerable pain in the region of the right bronchus, the cough generally coming on in paroxysms of considerable violence. Being satisfied that the foreign body was still there, I proposed immediate tracheotomy, which was however deferred until the following morning, when the operation was performed in the usual manner, with the assistance of my late friend, Dr. Irwin. The nail, however, could not be discovered. The wound was closed and shortly healed. A few days after symptoms of acute bronchitis set in, which however were soon removed by a strict antiphlogistic treatment. The patient still continued to linger, and in about two weeks after the accident had occurred, unmistakable symptoms of acute tuberculosis manifested themselves —such as cough, muco-purulent expectoration, dullness of percussion, deficiency of the respiratory murmer, deep seated pain in the right clavicular region, night sweats, etc., etc. The treatment, of course, was only palliative.

In the course of seven weeks the patient died. A post-mortem examination was held five hours after death, by myself and Dr. Irwin. On opening the thorax both lungs were found studded with tubercles; this was particularly observed in the right lung, in which several cavities existed. Its texture was considerably softened, being easily broken up with the finger. In the superior lobe of the right lung there ex-

isted an abscess, in which the upper half of a common sized shingle nail greatly oxydized, was found. All the outer organs presented a healthy appearance, excepting the intestinal canal, in which some aphtha were found.

The chief point of interest in this case, is the locality in which the nail was found. I think it probable that the nail, soon after being swallowed, passed into the right bronchus until its further progress was prevented by the diminished caliber of the tube—its presence here inducing an inflammatory action, terminating in ulceration, allowing it to enter the substance of the lung.

Another case occurred to me during 1854; the details were similar to the above case. The patient died three hours after the operation. Tracheotomy, in croup, is generally considered a hopeless expedient to save patients laboring under this fearful disease. Indeed all the best authorities are now agreed upon this point. Experience has proved that the operation has failed in a great majority of cases. But nevertheless, tracheotomy has, in many cases of croup, been successful. If only one out of twenty can be saved, I can see no reason why we should withhold from the patient the only chance which he has, to be taken, as it were, out of the very jaws of death. The ill success of the operation, in general, is undoubtedly caused by its being performed too late. This is shown in the greater success attending hospital than private practice. In the former, the surgeon is less interfered with, and can choose the favorable moment better than in the latter. There is always a feeling to contend with, which is connected with a surgical operation in acute diseases, which prevents its being proposed, assented to or performed, unless under the most desperate circumstances, and after every other expedient has failed; and so the operation is performed at a time when the patient is in a situation the most unfavorable for success. Trousseau saved thirty out of eighty patients, nearly one-half; Bretonneau six out of eighteen; Petit three out of six—and many others in similar proportion.

Correspondence.

BURNET HOUSE, AUG. 4, 1856.

MR. EDITOR:—Since the appearance of the last number of the Lancet, you have assisted me in two operations which for several reasons are worthy of record. I believe with Wiseman, the father of British surgery, that it is the duty of every surgeon to publish his unsuccessful, as well as successful cases. "For my part," he says in his preface, "I have done it faithfully, and thought it no disgrace to let the world see where I failed of success," which failures, he adds, "have attended all my brethren as well as myself, and will attend thee, also, reader, in spite of all thy care and diligence, if thou undertake the employment." The date of this preface was May, 1676 (*vide. Chirurgical Treatises*), and after briefly detailing the cases which have occurred in my practice, I propose to determine to what extent the predictions of the "Pare of England" have been verified, as regards the treatment of *old* dislocations of the shoulder.

About the 10th ult., aided by yourself, I succeeded in reducing by manipulation, without the pulleys, a dislocation into the axilla of 80 days' standing. The reduction was accomplished in a very few minutes, under the influence of chloroform and ether, and the next morning the patient left for the country, in a comfortable condition. Since that I have received no tidings from him. Encouraged by the result in this case, another patient, himself a physician, a tall athletic man, and about 50 years of age, decided to submit to the same manipulation, although his arm had been dislocaied for about sixteen weeks. The dislocation was downward and inward, and about the 10th week an unsuccessful attempt, by another surgeon had been made with the pulleys, to which the force of six men was applied for two and a half hours. The patient being under the

influence of chloroform and ether, aided by yourself, Drs. Fries, Cary, Graham and Kaufman, I commenced my manipulations adducting, rotating, abducting, and elevating the arm. These efforts had been made for about ten minutes, and the least possible violence employed, when a tumefaction appeared in the pectoral region, which in a few minutes attained considerable size. Supposing that the axillary artery was ruptured, as no pulse could be felt at the wrist, a ligature was immediately applied to the vessel at the upper part of its course. The operation was performed about 10 o'clock, A. M., and compression of the pectoral region, made by means of a sponge and broad roller. On removing this the next morning, the tumefaction had nearly disappeared. The patient continued comfortable and about nine days after the application of the ligature, I was compelled to leave the city on a professional visit to Indiana. I left on Friday afternoon and returned on Monday morning, at which time I learned that my patient had died on Sunday morning from hemorrhage at the seat of ligature. Two physicians, his most intimate friends, lodged in the same house with him, but before they reached his bedside the quantity of blood lost was so great that he sank exhausted in about two hours from the first and *only* attack of hemorrhage. Previous to my departure, for Indiana, I had suggested to the physicians in charge the importance of having compressed sponge at hand, to be used in any emergency of the kind, but this was not used by the attendant; instead of applying pressure instantaneously, he went in search of the physicians, who at that early hour in the morning, were in bed. The time thus lost, unquestionably led to the fatal catastrophe.

I might refer you to numerous instances of success in the reduction of old dislocations—from two to six months' standing—which have occurred since the days of Wiseman, but I propose to notice only the accidents by which some of these attempts have occasionally been followed. One of the earliest recorded, so far as we have been able to learn is the case reported by Desault, in the *Journal de Chirurg.*, t. 4, p. 301.

During the efforts of this surgeon to reduce an old dislocation, suddenly a considerable "*tumeur aerienne*" appeared below the clavicle, which Desault attributed to the "*degagement de l'air amasse entre les cellules rompues du tissu cellulaire!*" In a few days this tumor entirely subsided, under the influence of "*astringens et une compression methodique.*" Whether it was the result of a disengagement of air from the lacerated cells of the cellular membrane, as supposed by Desault, or of a rupture of blood vessels, we leave the reader to determine.

It is somewhat singular that Desault should have met with two cases of this extraordinary phenomenon. Pelletan's explanation, in our opinion, throws some light on this subject. In an attempt to reduce a luxation of four months standing; the same kind of "*tumeur aerienne*" appeared. It was opened, and the hemorrhage from the torn artery was fatal (*Clin. Chirurg.*, t. ii., p. 95.)

Malgaigne states that he is acquainted but with a single instance of an "emphyseme veritable" following a reduction, and that is the one reported by Flaubert, in his *Mem. sur. plus cas de luxations dans lesquels les efforts pour la reduction ont ete suivis d'accidents graves;* which appeared in the *Repertoire d' anat, et de phys.*, 1827. The patient, a female, act 70, screamed violently during the operation, and Malgaigne is disposed to believe that the emphysema was independent of the luxation, or the reduction, (*Fraite des Tract. et des Luxations*, tom. ii., p. 147.)

Malgaigne, himself, attempted reduction in a case of sixty-eight days' standing, but was forced to discontinue his efforts in consequence of the sudden appearance of a tumefaction in the axilla, and on the shoulder. Ice was applied and in the course of a few hours the swelling was arrested, and by the twenty-second day, the blood, which he thinks came from ruptured muscular branches, was completely absorbed, (*op. cet.* page 150.)

A case occurred to Flaubert, in which, besides the tume-

faction, the pulse could not be felt at the wrist. The hand was cold, insensible and immovable. The next day, however, the pulse returned to the wrist, and in the course of twenty-six days the effused blood was absorbed. Froriep lost a patient from a rupture of the axillary vein, which proved fatal in an hour and a half after the operation. (Op. cit. p. 151.) The reader may find, in the comprehensive treatise of Malgaigne, details of cases in which the axillary artery was ruptured. We pass over those observed by Verduc, Petit, Platmer, Delpech, and that referred to by Sir Charles Bell, in his Operative Surgery. The late Dr. John C. Warren tied the subclavian to arrest the progress of an enormous aneurismal tumor in the axilla, the result of the reduction of a recent dislocation, and of supposed pressure of the operator's boot. In this instance the coats of the artery were so contused that sloughing took place during a fit of coughing, five days after the accident—(*Amer. Jour. Med. Sciences*, vol. xi, N. S., 1846.) In 1824, M. Loudet lost a patient at the hospital in Rouen. The dislocation was of only eleven days standing, and was complicated with a fracture of the margin of the glenoid cavity, as in the two fatal cases which occured in the practice of Prof. Gibson of Philadelphia. The latter cases are too familiar to every surgical student to require particular mention in this place. Prof. Gibson, in connection with the report of the above cases, gives briefly the details of a fatal operation by David, of Rouen. The luxation had existed several months, and great force was employed in the reduction. This resulted in an inflammation, mortification and death. Some years since, Lisfranc attempted the reduction in a case of four months standing. He succeeded ; but on visiting the patient an hour afterwards he was found dead. His death was attributed to cerebral congestion, as the antopsy showed the axillary artery, veins and nerves uninjured—(Vid. *Bul. de la Soc. de Chirurg de Paris*, Tom. Prem., p. 718.) In the same volume M. M. Lenoir and Larrey, refer to cases in which they had met with lesion of

the brachial plexus, giving rise to paralysis, and yet these were recent cases, and the reduction was most readily accomplished. But I will not multiply cases of this kind; those already related will doubtless suffice, in the minds of many, to answer the question—At what period of time after a dislocation of the shoulder, is an attempt at reduction justifiable? When Prof. Gibson lost his first patient, he wrote that "should a case, similar in external appearance to that of James Scofield again occur, I shall feel justified in adopting a similar course."—(*Gibson's Surgery*, vol. 1, p. 334, 5th ed.) When he had lost his second patient (John Langton,) he expressed his views as follows, "The conclusions which I am now prepared to draw, are directly the reverse of what I have stated in some of the foregoing pages; I am now disposed to condemn, in the most unqualified terms, all attempts at restoration of *ancient* luxations of the humerus and other bones—except in cases where the patient is remarkably thin and debilitated, and where there has been little or no inflammation at the time or subsequent to the displacement."—(*Op. Cit.*, p. 351.) At a meeting of the *Societe de Chirurgie* of Paris, July 3, 1850, M. Maisonneuve reported a case in which, after M. Velpeau had failed, he succeeded in reducing a luxation of the shoulder of 12 weeks standing, and elated with this triumph over the veteran of La Charite, he asserts that he is satisfied there are but few cases in which, with the aid of chloroform, we may not succeed. "*Quelles resistances y a-t-il a vaincre ici, en effet?*" He asks, "*Il n'y a presque pas d'engrenage; les muscles sont neutralises par le chloroforme; il ne reste donc que des adherences fibreuses: l'on pourra presque toujours les surmonter les rompre.*"—(*Bul. de Soc. de Chir.* t. i. p. 716.) But these fibrous adhesions are not the only obstacles to overcome, where the tissues surrounding the head of the bone have become consolidated by inflammation, the axillary vessels and nerves must be in danger of laceration. Perhaps, however, as M. Maisonneuve suggests, this accident

may be avoided by "*extensions preparatoires*," as in the attempts to restore contracted limbs to their natural shape.

There are many other points of practical importance connected with this subject, but the consideration of these I must defer for the present. Hoping to resume the topic in your next number, I have the honor to be,

Respectfully yours,

GEO. C. BLACKMAN.

Proceedings of Societies.

Military, Medical and Surgical Society of London, held March 13, 1856—Sir JOHN HALL, K. C. B., President.

(Communicated by the Hon. Secretary.)

PRESENT—48 English, 8 French and 2 Sardinians.

The proceedings of the last meeting having been read, Dr. Sclaveroni, of the Sardinian army, then read the following paper on "The Diseases of the Sardinian Troops in the Crimea." The author apoligised for addressing the meeting in English, which, he said, was not very correct with him, and said he knew well that an idea might be changed in its meaning when expressed in a language we do not properly know; and he felt flattered in having been received as a member of this society. He then continued:—"From my youth I loved the English language; and why?—because I loved instinctively the people who spoke it, and I must gladly confess that I was not disappointed in my affections. It is enough to converse a little with you to be at a loss to guess whether the endowments of the heart are greater than those of the mind, and to know that you belong to a country of freedom, learning and progress. All the medical men of my acquaintance who have taken part in the Crimean expedition were astonished at the character

and genus of the diseases they had to attend to: their progress, causes, results and pathological alterations put them almost in doubt if pathology had here observed the same principles as those learnt by them in the schools. Medical officers felt almost an impossibility of deciding if the nature and character of the observed diseases could agree with the pathological laws sanctioned by long experience. I am, however, of opinion that, by observing the symptoms which a peculiar disease affords us, we may, to some extent, account for the variety, progress and characters it presents, if our attention could be chiefly directed to the general conditions of climate and temperature of a country, its geological peculiarities, and the moral and physical state of the natives. Now, what is the character, what the action, what the effects of these general conditions, in reference to the climate, and moral and physical state of our men? What general system of our body, what organs and apparatus are more liable to their action and nervous influence? I do not hesitate to say, that it is the nervous system of organic life; secondly, the very organic functions themselves were deranged, hardly without exception. Indeed, is not high temperature, and its sudden change from a tropical heat to a north and chilly one, such as we have to undergo in the Crimea, a debilitating agent of the nervous system? Let us call in question the native inhabitants of the East; observe their customs, life and passions, and we shall be led to the conclusion that they are under the action of a power enervating their moral and physical constitution. It is not enough to ascribe the decline and fall of this people to their imperfect laws and to the fanaticism of their religion. Laws and religion are always produced by the cosmotelluric conditions of the country in which they are made, to be then sanctioned by a long influence of a nature peculiar to every people. The effeminacy of Eastern nations is a proverb. The men may be compared to our women; and how can we account for the indifference, apathy, and want of all social and commercial industry and manly endeavor at improvement? How can we ex-

plain Mahometan fatalism without having recourse to the influence of climate, temperature and geographical condition? The Mahometan nation has certainly had its pride and glory in warlike deeds; she was a conqueror, but that only happened when she contended with nations more effeminate than herself. I am of opinion that cosmotelluric and geographical conditions of Eastern countries are the very causes enervating bodies, and especially the nervous system. Now, if we consider the present case, in which men endowed with different constitutions and nervous sensibility, born and living in a very different climate, temperature and atmosphere, and dying suddenly in this country, we shall be able to estimate the noxious impressions which their organic constitutions had to bear. Next to that, are not the moral affections, joy, hope, fear, memory of one's country, feelings acting in a debilitating way upon the nervous system, so rightly called the emperor and supreme ruler of life? Besides aridity and barrenness of soil, want of cultivation and of vegetation so necessary to supply our bodies and vitalize them with oxygen, will they not exercise a noxious influence upon assimilation? A blood wanting in oxygen, an imperfect vital combustion, will these be a convenient and physiological stimulus to our muscular organs? A generally poor nutrition must affect, in the greatest degree, the organic constitution of the vegetative nervous system, and make it more liable to the action of the aforesaid debilitating causes. And it explains also, I believe, the impossibility which the nervous system is under of dealing successfully with the noxious impressions received, and of calling forth those beneficial reactions always to be observed when the nervous system is sound and in a perfect physiological condition; and therefore we observe why common morbific causes acting in this country are modified by the general ones acting especially upon the vegetative nervous system; and diseases called forth are so changing, and the way in which organs express, as it were, that they are suffering, afford less analogy with common and daily symptomatology. A correct observation can only,

in this case, explain what pathology cannot account for. Next to the nervous system, the organs more obviously acted on were the digestive and gastro-bilious apparatus; they seemed exclusively charged with pathological performances, and to them ran all morbific tendencies; and, if some exception must be made, it is for the breathing organs, which only for the season were more liable to be impaired. But did the sufferings of the digestive and respiratory organs ever pursue an ordinary progress, or result in pathological changes elsewhere observed? Certainly not. A general and permanent feebleness, a want of all beneficial reaction, of any efforts of the healing powers of nature, were observed by all professional men; and if we cannot deny that the pathological genius of local diseases was essentially phlogistical, we must confess, also, that this condition can be compared, as Dr. Gaubius has suggested, to a volcanic island in a sea of ice. No wonder, then, if common remedies and ordinary treatment proved unsuccessful, while their insufficiency accounts for the losses we had to sustain. Without mending the general state of debility, without curing pathological conditions of the nervous system, no perfect recovery was to be hoped for. More than an active and rational medicine was migration from this land to one's native country; for we found that the most reluctant internal diseases, the most obstinate external injuries, healed after migration: and how can we account for such a result without referring it to a healthy modification of the nervous system, which enabled it to react upon the local affection? In spite of all medical attention and the best treatment, I observed some local diseases proceeding and proving fatal. But the strongest argument for the necessity of changing our previous therapeutic views was as regards bleeding. The Sardinian physicians, and generally all Italian doctors, have been too often, and frequently rightly, charged with the indiscriminate adoption of bleeding; but now they abstain almost entirely from the practice. Those who justify their employment of bleeding by the argument that men coming under their care are almost always

under the dominion of the sanguineous temperament and plethora, men in whom inflammation proves destructive with an extreme rapidity, say, that general depletion must be employed with the greatest parsimony and prudence—as if an abode in this country had changed their temperament and condition entirely. Now, strange to say, the more important operations of surgery were not followed by those violent and dangerous reactions daily observed in our country. However, the diseases of a phlogistic nature which we observed in the Crimea, did not present symptoms proportionate to their gravity, yet they advanced with a severity only equal to their treachery; and post-mortem examinations revealed organic alterations which we had not foreseen and could scarcely have supposed. Pneumonia, bronchitis, pleuritis—the fevers which displayed themselves in the Crimea rather with the character of typhus fever, and synochus with diarrhœa, ran on to their fatal results without affording static nnd rational symptoms peculiar to them. Very frequently we observed pneumonia without its peculiar heavy and piercing pain, without the impossibility of lying on the opposite side. In some cases crepitation was very feeble, and not accompanied with sanguineous expectoration. The pulse would be small and weak; slow instead of frequent; hard and resisting—wanting, in a word, all sphygmical characters of parenchymateous inflammation. But this pneumonia, which displayed many more symptoms of induration, or some other results of antecedent inflammation than a present violent one, made progress and became fatal, and post-mortem examination displayed what could hardly have been expected. A private soldier of my regiment, who had never been in hospital before, was admitted on the 14th of last June, having apparently but a trifling bronchitis, and rather symptoms of congestion of the lungs than of inflammation; a general feebleness was observed, and he died on the eighth day after admission. Post-mortem examination displayed a complete disorganization of both lungs, while both pleural cavities were full of a dense tubercular and suppurating material, and

the lungs were reduced to a third part of their volume. Now, how can we account for the absence of all diagnostical phenomena in a disease like pneumonia, without admitting a state of weakness of the nervous system which kept the others in a subdued form? And if it is so with inflammation of the breathing organs, may we not suppose that the same pathological facts occur in the gastro-bilious apparatus? We see men dying daily in hospitals, whose constitutions, impaired and weakened, no rational treatment could improve. In these cases, post-mortem examinations revealed a pulpy state of the mucous membrane, ulcerated, and very often perforated; in a word, disorganization advanced without any symptoms which could make us aware of its progress. Let the nervous system be prevented from acting, and we shall in vain inquire for the existence of common phenomena, by which any disease is discovered. Non-professional men often charge us with inability and carelessness; but to proclaim the injustice of their charges, we need only put their ignorance in comparison with the difficulty of the profession, which they abuse and do not ununderstand. Instead of receiving sympathy, medical men were reproached for not being able to perform impossibilities; and this has always been the inheritance of the devotion and sacrifices of Medical Officers. War is certainly a great calamity; but is it in our power to prevent it, or remove all the fatal consequences which necessarily follow it? We know far better than those who criticise our acts at home, that our sphere of action is often very small, and such as circumstances and events produce. Our hospitals were not in want of any essential, but were far removed, however, from English luxury; and here I must truly confess that, in the visits which I made to your regimental and general hospitals, I was astonished at their cleanliness and abundance of all provisions and apparatus for the sick and wounded. In our army, all the requisitions of the chief medical officer were carried into effect, and sick leave for men and officers to Constantinople or Piedmont was readily granted. Our losses from deaths in the Crimea

by disease, have only reached 3 per cent., not reckoning those from cholera. Our practice, with very few exceptions, has been guided by the same doctrines which I have heard expressed by the members of this society; there was, however, some modification in the treatment demanded, more by the difference of temperament, constitution and special idiosyncracies of our men than by any peculiarities in the diseases. General depletion, however, when applied with the greatest parsimony, was not discontinued for intermittent fever, and especially in the hot stage, when accelerated action of the pulse and congestion threatened the organic constitution of some noble viscus; but woe to those who hesitated and did not speedily have recourse to quinine. The same circumstance occurred in the phlogistic affections of the breathing organs. The necessity for bleeding was closely followed by an opposite state of prostration and want of nutrition, with sudden emaciation. The nervous system being weakened was not able to induce a propitious reaction, and required all medical care and attention. Yet, asthenic and debilitating treatment, required by the local pathological conditions, would not succeed in the general state of the patients, whereas a tonic and stimulant one could not do better. We had to sail, as it were, between Scylla and Charybdis. A tonic treatment, however, deserved certainly the preference; it was, however, often necessary to lessen or modify the local action of a tonic, especially when we had to deal with gastro-bilious irritation, and more pure and active tonics could be administered; and I employed, with the greatest success, in such cases, the infusion of Peruvian bark. Diet, also, required the greatest attention, and the most trifling excess was always followed by a relapse. Among the many remedies which proved very beneficial in such cases, in our hands, I must mention the light infusion of ipecacuanha, prepared in the proportion of 1½ grammes in 250 grammes of water, of which a table-spoon full was administered every hour until the sensation of oppression about the chest is relieved. I have heard much of the advantages derived from

the exhibition of calomel; but it is strange to observe the intolerance and idiosyncracy which our soldiers, and, generally all our countrymen present to its action; except in childhood, we are obliged to be very cautious in its use. The violent intestinal pains, phlogistic irritation of the mucous membrane, and obstinate diarrhœa which resulted from its employment, even when given in almost homœpathic doses, prevented us from persisting in its use; and I observed the same fact in the Crimea with reference to all mercurial preparations. It is certainly to be deplored that calomel cannot be of the great use with us as I have heard it described in the hands of different members, more particularly in typhus fever and all gastro-bilious complaints. These cases did better with us with the use of lemonade, vegetable and mineral acids, light infusions of Peruvian bark, and ipecacuanha, with antispasmodics in the serious period of the diseases; but it was always necessary to lessen or modify the irritating action of ipecacuanha by the addition of syrups and gum-arabic. Calomel ought certainly to be of the greatest advantage, if the idiosyncrasies of our men did not prevent its use. The last remark I have to make was afforded by cholera, and in mentioning it I beg to observe, that my opinion is not yet steadily formed. I would ask, does not cholera afford us a striking resemblance to a fit of intermittent fever? Does not the latter simulate a poisoning?—and certainly we cannot better compare the symptomatology of both diseases than to a species of poisoning of the system. Now, a striking fact adds a great weight to the analogy, which is that in the Crimea, and with the Sardinian troops, the accession of cholera was always preceded by intermittent fevers, and also followed by the same disease. What else can this pathological succession prove than that the diseases have something common both in causes and effects? Towards the end of last August cholera decreased, and at last ceased—only, however, to fill our hospitals with intermittent fevers; and yet more worthy of our consideration is the fact, that the invasion of the cold stage afforded all the symptoms

of cholera, and that many cases of cholera relapsed into intermittent fever. I need not say, that in all such cases, large doses of quinine proved very successful. I now come to the end of my discourse, by paying a homage to the great truth, already proclaimed by the Father of Medicine, that if Therapia must be various according to the climate we inhabit, only a diligent perusal and acquaintance with all general conditions, topographical and hygienic, of a country, can lead to a proper and convenient treatment of diseases produced by their noxious action. If a medical officer migrates from his own country, and means to treat diseases in the same manner as at home, refusing to admit a different mode of treatment from the general causes peculiar to a country, he will ultimately be compelled to acknowledge many deceptions in the phases of disease, and his own error."

The author then paid a graceful compliment to the President and the other medical officers of the British army, who had lately received the honorable distinctions of K.C.B. and C.B.; remarking, in conclusion, that medicine being a universal profession, every honor she receives in the persons who embrace her, should be considered as extending to all.

[The style of some portions of Dr. Sclaveroni's paper is rather obscure, owing to the fact of its being delivered in a language not perfectly understood by the author, but it contains so many valuable suggestions that we have thought it proper to publish it as it has been sent to us, with such alterations as we have been enabled to make without corresponding with Dr. Sclaveroni, who is still in the Crimea.—Ed. *Medical Times and Gazette.*]

Sir John Hall thanked Dr. Sclaveroni, in the name of the Society, for his valuable paper, which they had all listened to with so much advantage, and individually for the complimentary manner in which he had alluded to himself and other medical officers of the army.

Dr. Thornton, 9th regiment, was of opinion that a bright era dawned upon the society when the medical officers of the

French and Sardinian armies came forward, not only to take a prominent part in our discussions, but to give us the benefit of a valuable paper such as we had just now heard. Such an interchange of thought and practice must ensue as would redound to the good of all. He believed, as a corroboration of the views expressed by the author, that many of the cases called cholera, last winter, were allied in their nature to intermittent fever; he also quite agreed with the notion that soldiers in this climate will not bear with impunity general depletion; and also in the efficacy of the quinine treatment.

Dr. Blenkins, Grenadier Guards, considered Dr. Sclaveroni's paper most interesting, as displaying the effects of climate on the Sardinian troops, and he could decidedly corroborate the opinions expressed, that bleeding could not be adopted in the great majority of the diseases which had occurred here. He thought that we ought to congratulate Dr. Sclaveroni for having made his paper so intelligible to us in the English language, and we ought to be so far satisfied in the present success of this society, that it has embraced the union of the medical officers of the allied armies, and the result of these united deliberations cannot fail to be valuable. It was an interesting fact to have had established how little the constitutions of the Piedmontese tolerated the action of mercury, whereas that remedy was almost our sheet-anchor in inflammatory affections; and if deprived of its use in these diseases, we should lose our most valuable aid, particularly when existing symptoms prevented the possibility of general depletion.

Dr. De Chaumont, Rifle Brigade, thought that a remarkable difference exists between the types of disease existing in the Sardinian States and Great Britain; he believes, however, that we are liable to meet with precisely the same species of asthenic diseases in England as we have done in the Crimea, and in proof of such an assertion, he would allude to the peculiar masked form of pneumonia, previously discussed here. Dr. Alison had shown that the type of diseases had completely

changed during the last thirty years, and he (Dr. Chaumont,) believed, with the author of the paper, that, during an epidemic of cholera or intermittent fever, the types of the diseases are similar.

Dr. Sclaveroni had seen the same masked forms of pneumonia in Piedmont as in the Crimea, especially at particular periods, when a peculiar morbific constitution of the atmosphere was general. In the Sardinian army the use of calomel was always attended with disagreeable, and sometimes with dangerous results. He then alluded to the case of an officer, who, during the past summer, insisted on taking two grains of that drug. Violent diarrhœa, resulting in cholera, ensued, and he died on the same night.

Dr. Hume also wished to thank the author of the paper, and considered that the observations expressed bore the stamp of originality and of a reflective mind. He had also observed a great tendency to intermittence in all diseases, and could quite corroborate the views expressed by the author, respecting the impossibility of using the lancet.

Sir John Hall drew the attention of members to the great advantage often to be derived from local depletion, in those affections of the internal organs for which general depletion was formerly employed.

Dr. Crawford, 18th regiment, was glad to find in Dr. Sclaveroni so admirable an exponent of the doctrines of "Humoral Pathology," and considered that we must join in the views expressed respecting the non-employment of general depletion. He (Dr. Crawford,) had certainly a case of lancets, but it had long since ceased to be of use to him in practice. He could not quite agree with the author of the paper in his condemnation of calomel, when given in those constitutions and diseases adapted for its use. It relieved the chylopoietic viscera, which were generally most at fault in diseases of the Crimea.

Dr. Menzies, staff-surgeon, considered that the paper read had but one fault in it, which was, that being so perfect and

complete, but little opportunity was left for the possibility of any remarks on the subject treated on. He could speak most highly of the Crimean climate; the native Tatars appear very healthy at Kamara, where he is stationed, and thought that we arrive too rapidly at conclusions, when we attribute the amount of disease which formerly occurred in this army to the effects of any peculiarity in the climate, and that we do not make sufficient allowances for the particlar conditions under which the men were then living. He thought that calomel, when given in small doses, in certain forms of inflammatory action, the most valuable remedy.

Dr. Taylor, C. B., also wished to thank the author for the very handsome manner in which he, (on the part of the Sardinian medical officers,) had alluded to himself and others of the British Medical Department, with reference to the honors lately received by them; could quite concur in the opinions expressed respecting the intimate alliance of the several diseases which have presented themselves in this army; but he is inclined to attribute them rather to conditions of service than to the effects of climate.

Dr. Sclaveroni believed that the system of treatment employed in this army may hereafter change, if the men remain sufficiently long in the country to become acclimatized.

Dr. Williams also entirely concurred in the views expressed by the author, and especially as regards the impossibility of resorting with safety to general depletion, in the present type of diseases of armies. Experience, he thinks also, will tend to prove that climate has not really so much to do with the production of disease as many persons imagine. He (Dr. Williams, had served in many parts of the world, and the result of his observation is, that he has become quite a convert to the tendency towards periodicity in almost all diseases. He can also quite subscribe to the great efficacy of ipecacuanha, which he does not think has been sufficiently employed.

Dr. Gordon, C. B., wished to make a few remarks, lest it should appear that the members of this society were unani-

mous in their condemnation of general depletion, as applicable to the treatment of diseases occurring among the troops in the Crimea; so far as his experience went he could only say that, in conjunction with the medical officers of the 2d Division, a general regret had always been felt when, after the fatal termination of any case of inflammation of the internal organs, venesection had not been employed.

A vote of thanks was then proposed by Dr. Williams to the author of the paper, which was seconded by Dr. Blenkins, and carried unanimously. The meeting then adjourned.

Reviews and Notices.

New Elements of Operative Surgery. By A. L. M. Velpeau; Sur- of the Hospital *La Charite;* Member of the Royal Academy of Medicine; of the Institute, &c. &c., in three volumes, with a Treatise on Minor Surgery. Illustrated by over two hundred engravings, incorporated with the text, and an Atlas in quarto of twenty-two plates. Translated with additions by P. S. Townsend, M. D. under the supervision of, and with Notes and Observations, by Valentine Mott, M. D., Professor of the Operations of Surgery, &c. &c., in the University of New York; Foreign Associate of the Academie Royale de Medecine of Paris, &c. &c. Fourth American edition, with additions by G. C. Blackman, M. D., Professor of Surgery in the Medical College of Ohio; Surgeon to the Commercial Hospital, etc., etc. New York: S. S. & W. Wood. 1856.

"Mott's Velpeau" is too widely known to the profession in this country to require a special notice at our hands. It is universally admitted to be the most extensive work on Operative Surgery that has ever appeared in the English language, and the issue of a new edition, with the addition of the name of the Professor of Surgery in the Medical College of Ohio to the title page, demands an extensive notice at our hands. Before, however, we proceed to examine the contributions, to this new edition made by Prof. Blackman, let us glance for a moment at the history of the original work.

When the first edition of Velpeau's celebrated Treatise on Operative Surgery appeared at Paris (1832), in three closely printed octavo

volumes, containing in all some 1800 pages, it was universally admitted that it presented a faithful picture of the existing state of surgery as an art and a science. A translation by the late Granville Sharp Pattison, at the time Professor of Anatomy in Jefferson Medical College, Philadelphia, was published by Duff Green at Washington in 1835. A second Paris edition, with an atlas of plates, appeared in 1839, and the editions increased the number of pages from 1800 to 3,000. At the suggestion of Professor Mott of New York, his friend Dr. P. S. Townsend translated this last edition, under his supervision, while he Dr. M. incorporated the results of his own immense experience. The first volume of the new American edition was published by the Langley's in 1845: the second, in in 1846; and the third 1847, making in all above 3000 pages. The admirers, both of the distinguished French and American surgeon, have regretted that so important a work should have been marred by the immethodical arrangement adopted by Dr. Townsend, now deceased. The imperfection of the index likewise greatly diminished its value, and in consideration of these facts, the enterprising publishers into whose hands its publication was transferred, determined, with Prof. Mott's approbation, to revise the whole work, and to bring it to a level with the present day. Dr. Blackman was selected for the purpose, and this following testimony from Professor Mott, must satisfy our readers, that the value of the work has been greatly increased. In a letter to the publishers, dated July 11, 1856, Prof. M. observes:

"The new arrangement of some of the chapters, particularly the extended one on Aneurisms, have greatly improved the work. The additions in brackets throughout the whole text, as made by Dr. Blackman, with the American Appendix of more than one hundred pages (140 Dec.) bring it up to the present time, in European and American surgery. It is now, indeed, a National Surgery, and ought to be laboriously and faithfully studied by our pupils, and made a constant work of reference by every surgeon."

A new and complete index is now attached to the work, a task which, in consequence of Prof. Blackman's removal to this city, was entrusted to Dr. Isaacs, the Demonstrator of Anatomy in the University of New York.

In his preface, Prof. Blackman remarks that it has been his object to arrange the work more methodically, and to incorporate the more important contributions made in the department of

Surgery, during the past ten years. His valuable statis-
perations on the arteries, of amputations, exsections of the
c. &c., are to be found under their appropriate heads in
of the work. His Appendix, arranged in alphabetical
nd comprising 134 pages, with numerous wood cuts, is at
. of the third volume, and contains much valuable informa-
r the practical surgeon. As that portion of the first volume
d to Minor Surgery, and to Plastic Surgery was stereotyped,
Blackman's notes commence at Section iv., which treats of
operations performed upon the arteries. We will present the
er with a few of these in order that he may form some idea of
r character. And first we insert a brief table showing the
nparative experience of the *Nestors* of French and American
perative Surgery, Drs. Mott and Roux.

	Mott.	Roux.
nnominata,	1	
Sub. Clavian,	8	3
Carotid Prim	36	6
" Ext	2	
Com. Iliac	1	
Ext. Iliac	6	2
Int. Iliac	1*	
Femoral	52	46
Popliteal	7	1
Axillary		4
Brachial		20
	107	82

* Recently Dr. Mott has had another successful case.

From pp. 702 to 707, Prof. B. devotes five pages to
treatment of aneurism by compression, in which after pointin
the true principles which should govern this treatment, an
nishing wood cuts illustrating the best form of the compres
thus remarks:

"The duration of the treatment varies according to th
tion of the tumor and the constitution of the patient. I
instances a cure has been effected in a few hours or day
others it has required from two to three months. The
treatment, we have found by examining the reports of 32
which the time is mentioned, was 35 days. Prof. Syme
the average duration in 23 cases, "not of the treatment,

actual compression, excluding the intervals of its discontinuance," at 38 days, upon which he thus comments; "*thirty-eight days and nights of misery, to escape a few minutes of trivial uneasiness!*" Now we have already shown that much of the suffering inflicted upon patients was not necessarily connected with this mode of treatment, and statistics furnish us with abundant proof that from the ligature of the femoral artery a patient has something more to escape "*than a few* minutes of trivial uneasiness." We have taken some pains to calculate, from the cases collected by Dr. Norris, the time that elapses before the ligature comes away, and we find that in 117 cases in which the fact is noted, the average time was 20 11-13 days. The patient certainly, is not safe until the ligature has separated and the wound healed, therefore, both the patient and the surgeon must have 20 11–13 "*days and nights of misery.*" and the surgeon's anxiety cannot be diminished when he remembers another fact likewise furnished by statistics, viz: that one in four of all that submit to ligature of the femoral artery, die or are maimed for life."

Our space will n o; permit us to make further extracts from Prof. Blackman's article on this method of treatment, and we can only observe that the surgeon will find in it an excellent summary of what is at present known upon the subject.

Traumatic Hemorrhage.—Under this head Prof. B. remarks:

"The perusal of modern British works on Surgery is calculated to produce the impression that Mr. Guthrie was the first to promulgate and to establish the practice of tying an artery both above and below the wound in cases of traumatic hemorrhage. Mr. G. was born in 1785, and published his paper on wounded arteries, in the *new Med. and Phys. Journ.*, 1811. Mr. McGill published about 1732, in the *Ed. Med. Essays*, vol. ii., his recommendation of the use of a probe to facilitate the ligature of a punctured artery at the seat of the wound, and Mr. Sharpe in his *Treatise on the Operations of Surgery*, 1739, pp. 208-9, inculcates the doctrine of ligating the vessel above and below the wound. De la Faye, in his annotations to the *Cours d' Operations, &c.* of Dionis, 1746, (p. 705,) most ably refutes the opinion of Dionis, who thought the single ligature sufficient in these cases. Mr. Warner, whose *Cases in Surgery* was published in 1784, just one year before Mr. Guthrie was born, declares (p. 143,) that a second ligature should always be made below the wounded orifice of the artery. John Bell in his *Principles of Surgery*, Edin. Ed, 1801, vol. i. p. 187, in speaking of wounds of the radial artery, remarks that it was the rule commonly laid down at that time to tie above and below the wound. Dr. Physick, in 1804 treated in this manner a varicose aneurisne at the bend of the arm; *Phil. Med. Museum*, vol. 1st, p. 65. Indeed, as related by Bertrandi in his *Traite des Operations*, 1763, p. 362. Guattano actually experimented upon the brachiol artery, by injecting above

the ligatures, and as the fluid issued from the opening made below, he argued the importance in similar cases of tying above and below the wound. Mr. Kast in 1786, tied both the upper and lower ends of a wounded femoral artery, (*Mass. Med. Soc. Reports*)."

In describing the changes effected in the vessels of a limb, after the obliteration, by ligature, of an artery. M. Velpeau adduces certain facts in opposition to the doctrine that new vessels are sometimes generated between the divided ends. On this subject we quote from Prof. B's note:

"Prof. Porta in his splendid work, "*Delle Alterasioni Patologiche Delle Arterie per la Ligatura, &c.*, 1845, p. 191, states that during his visit to Berlin, 1843, the celebrated Physiologist, Muller, showed him a preparation taken from a sheep on which the carotid had been tied, and in this specimen there were some four or five new vessels which had sprung from the divided extremities of the vessel. Prof. P. has detailed some twenty experiments (pp. 164-188,) made on different animals to elucidate this subject, and from the delineations which he has given in Plate iii., we do not see how any one can longer remain sceptical as to the occasional formation of new vessels."

Prof. Blackman's Statistical Tables of Ligature of both Primitive Carotids, and of Brasdor's Operation for aneurism of the Innominata have already appeared in our Journal, and our readers will doubtless be gratified, in connection with these to be furnished with his collection of the common iliac.

[*Cases of Ligature of the Common Iliac.*

Gibson	1812	Gun-shot Wound	Died on 13th day.	Peritoneal Inflammation and secondary hemorrhage.
Mott	1827	Aneurism	Recovered.	
Crampton	1828	Aneurism	Died on 4th day.	Hemorrhage.
Liston	1829	Secondary Hemorrhage, after amputation	Died.	
Guthrie—2	1833	Encephaloid Tumor	Recovered.	Died five months after the operation, from the disease.
Alex'r H. Stevens			Died.	
Salomon	1837	Aneurism	Recovered.	Did 10 months after the operation, from abscess in the part
Syme	1838	Aneurism	Died on 4th day.	
Bushe		Aneurism by Anastomosis of left labium	Lived five weeks.	
Deguise	1840		Recovered.	Sac was wounded, vessel gave way under first ligature, and femoral vein was wounded, in taking up femoral artery to prevent secondary hemorrhage.
Post	1840	Aneurism	Died from exhaustion in 24 hours.	
Peregoff		Secondary hemorrhage after ligature of external iliac for Aneurism	Died on 14th day.	Hemorrhage

Pence	1842	Aneurism	Recovered.	Several months afterwards a non-pulsating tumor reappeared, with marks of fluctuation. Hemorrhage followed and destroyed the patient.
Hey	1843	Aneurism	Recovered.	
Stanley		Medullary Tumor	Died on 3d day.	Peritonitis.
Garvise	1837	Aneurism	Died in 4 hours.	Peritoneal cavity opened in operation.
Garvise	1843	Aneurism	Recovered.	
Uhde			Died.	
Wedderburn		Aneurism	Died.	Gangrene.
Bellingham		Aneurism	Recovered.	Either trunk of common iliac tied, or the external and internal iliacs at their origin.
Lyons		Aneurism	Died.	
Chassignac	1850		Died on 2d day.	
Moore, of Middlesex Hospital	1852	Supposed Aneurism	Died few days after.	Tumor encephaloid.

Thus we have 24 cases and 15 deaths. G C. B.]

The internal iliac, according to prof. B. has been tied in at least ten cases, and he thus enumerates the names of the operators :— Stevens, Atkinson, White, Mott, Arendt, Thomas, J. Kearny Rodgers, Kimball, Bigelou and Tripler. Of these ten cases, four were successful and six fatal. Add to these the recent successful case referred to in Prof. Blackman's Preface, and we have eleven cases, of which five were successful.

As to the probabilities of successfully ligating the abdominal aorta, Prof. B. remarks :

"Sir Everard Home tied the femoral artery for aneurism of the external iliac, in 1825, without success, and in connection with this case, he observes "it may be said, that I might have taken up the aorta, but I have made up my mind to let those diseasesses that require tying the aorta, which come under my care take their course, (*Phil. Trans.*, 1828). The unfortunate results in the four instances in which this operation has been performed, (viz : by Astley Cooper, James Murray, and Monteiro), prove the wisdom of his decision."

Prof. Blackman's collection of cases of ligature of the subclavian on the tracheal side of the scaleni muscles, shows us that in ten cases in which this operation has been performed it has invariably proved fatal. The operators in the cases were Colles, Mott, Hayden, O'Reilly, Partridge, Liston (two cases), Auvert, (two cases), and J. Kearny Rodgers. In one instance only has the left "subclavian been tied within the scaleni, and in that it was performed by the last named Surgeon. The patient died fifteen days after the operation from secondary hemorrhage." The autopsy showed that the blood came from the distal side of the ligature, and was caused by the free communication of the internal carotid at the base of the brain

with the vertebral, the latter, the origin of the latter having been in close proximity to the point where Dr. Rogers had applied his ligature. Prof. B. informs us that some time before his death, Dr. Rodgers stated to him, that if he should ever have an opportunity to repeat the operation, he would at the same time apply a ligature to the vertebral.

Prof. B. does not fail, when occasion offers, to defend the claims of his own countrymen, an example of which we present in the following extract:

"In the third part of Lisfranc's *Precis de Med Operatoire*, p. 65, we find the following assertion of this distinguished Surgeon: J'ai indique le premier, (*Vid. le Manuel des Operations Chirurgicales*,) par M. Coster, 1823, un fait anatomique extremement important et qui facilite beaucoup la manæuvre pour mettre l' artere a decouvert; c'est le tubercle de la premiere cote en dehors duquel immediatement ce vaisseau." He then expresses his indignation that M. Cruveilhier should have neglected even in the second edition of his *Traite d' Anatomie descriptive* to give to himself the credit of first pointing out this important guide, and reminds him of the moral principle which would render unto Cæsar the things that are Cæsar's. Now upon this same principle, we would take the liberty of inserting in this place the following extract from a paper by Dr. Parrish in the *Eclectic Repertory*, vol. iii., 1813, p. 239. After stating that the operator need not bring the edge of the scalenus anticus into view, as commonly advised, he proceeds: "He has another and more certain guide to conduct him to the precise point for securing the artery. To fix this point was a subject of considerable importance that required and received very considerable attention, and was decided for the superior edge of the first rib. In addition to this, the operator has a guide to conduct him precisely to the part he is seeking for, which it is believed had never been noticed by any preceding Surgeon. Just at the insertion of the anterior scalenus muscle into the upper edge of the first rib, there is a roughness, or rather process of the bone which is very perceptible to the touch, being in the generality of subjects so clearly defined that it cannot be mistaken. Now, instead of the operator depending on his vision, he may get at the exact spot that he is in search of by a reliance on the sense of touch. Dr. J. Mason Warren, met with a case in which, while seeking for the first rib, to his surprise he discovered both the first

and a part of the second rib passing obliquely across the neck above the clavicle. At length he detected the insertion of the scalenus anticus, but the tubercle was not sufficiently developed to be manifest to the touch. In this patient the whole osseous system seemed to have undergone a partial displacement. The spine and ribs had been carried upwards, whilst the sternum had been moved in an opposite direction." (*Am. Journ. Med. Sciences*, Jan. 1849, p. 14.)

At p. 855, Prof. Blackman gives us the details of the first application of a ligature to the vertebral artery upon living man. The operation was performed by M. M. Maisonneuve and Favrot of Paris, on the evening of the 20th of Feb., 1852. It was done to arrest a serious hemorrhage produced by a gun-shot wound in the neck. The patient died suddenly seventeen days after the operation. The following remarks by Prof. B. convey a useful practical lesson:

"The primitive carotid has several times been tied through mistake for aneurism of the vertebral artery. Mr. South, in his edition of Chelius, refers to an instance which occurred at the Northern Infirmary, Liverpool. The tumor increased after the application of the ligature, and the patient died on the fourteenth day. M. Fraeya, published an article in the *Journ. Med. et de Pharm*, 1849-50, p. 183, in which he attempts to point out a means of diagnosis, in these cases. This consists in compressing the carotid immediately above the carotid tubercle, avoiding the space below. The circulation continues through the vertebral, but it is arrested in the carotid. The effect upon the aneurismal tumor will of course, vary according to the vessel which is the seat of disease."

With these extracts we must conclude our notice of the first volume of this great work. Our object, as stated at the outset, has been to furnish the reader with some data by which he might determine the manner in which Professor Blackman has discharged the duty assigned him. In our next we shall enter into an examination of his contributions under the head of amputations, exsections of the bones, &c., &c. For Sale by H. W. Derry. Price $15.

S. G. A.

Progress of Medicine.

FRANCE.

Efficacy of Bromine in the treatment of Pseudomembranous diseases, Translated from the Gazette des Hopiteaux. By J. H. T.

At the meeting of the Academy of Sciences, May 26th, M.

Ozanam read a paper, in which he proposes to Establish the following propositions.

Bromine is the specific remedy of diphtheritic affections, pseudo-menbranous anginus, croup, muguet. The alkaline bromides, and especially the bromide of potasium possesses that property.

The theory of the diphtheritic affections, and researches after dissolvents led me to this result. The dissolvents of false membranes. according to my experience may be divided into two classes :— 1. Substances which fluidify. 2. Substances which induce disaggregation. The fluidifiant substances determine the softening more or less completely of the false membrane ; the alkaleis are regarded as possessing this property, but there are some acids, as the muriatic, which possess it in even a superior degree.

The disaggregating substances at first harden the false membrane, but afterwards render it friable to such a degree, that the least touch will reduce it to a powder.

I have given to this phenomenon, hitherto unknown, the name molecular disaggregation. Bromine alone is able to produce it. The bichromate of potassa it is true, will slightly harden the false membrane, but does not render friable, Iodine will color brown, and harden it so as to make it resemble a piece of tanned leather, but it will only be more firm. The bromine alone destroys the cohesive force, separates the elements. Not being able here to report the complete series of my experiments I will only give the two following, one with bromine, and the other with the bromide of potassium.

Action of Bromine upon false Membranes.—A false membrane three lines long by one broad was plunged into a glass filled with bromine water; it remained there twelve hours. At the end of that time it had not lost its nacreous color, and gilded by the brown tint of the liquid seemed more firm than ever; but when I touched it with a glass rod in order to draw it towards me, it tumbled at once into an extremely fine dust, which separated more and more, in so much that I could only withdraw a very small quantity. I examined this debris with a microscope and I found the elements of the false membrane ; but the cohesive force which organised these elements had been completely destroyed, in fact it was reduced to an amorphus mass of granules.

Corollary : The bromine dissolved in water, acts as a fluidifying agent upon false membranes ; it modifies their vital force, and determines their disaggregation. Bromine ought therefore to arrest and cure pseudomembranous affections.

Action of Bromide of Potassium.—Three firm white diphtheritic plates collected from the tonsils were plunged into a concentrated solution of bromide of potassium. At the end of twelve hours they were completely transparent, soft and already diffluent, leaving when lifted up, long, opaline traces, evidently formed by the fluidified elements of the false membranes. At the end of three days no

further trace could be detected of the false membrane, but a white granulous deposite, which during its repose arrived at the bottom of the vessel. This deposite is formed by some still existing amorphous granules, by chrystals of bromide of potassium, and by numerous filaments of the *oidium albicans*, a parasite described by M. Robin as existing in muguet, and found constantly by me in the false membranes in croup, and the numerous sporules of which disseminated in the atmosphere, explains the contagiousness of diphtheritic affections.

Corollary: The bromides of potassium possessing the fluidifying power of the potash, and the faculty of disaggregation peculiar to the bromine ought to arrest, and cure diphtheritic affections.

Encouraged by these results I tried the bromine at the bed side of the sick, commencing with those cases where other remedies had failed.

The water of bromine recently prepared at the dose of from a half gr. to five grs. per day in five ounces of water is the preparation most easily administered; it should be preserved in a dark place, in order to prevent formation of hydrobromine acid.

The bromide of potassium acts very well in the same dose.

The author reports fourteen cases which he has observed in six years, all of which were crowned with success, viz:

Angina pseudomembranous, 11 cases, of which two were complicated with grave scarlatina, and with gangrene of the tonsils; croup two; confluent muguet, one; and he concludes by the following *resume*:

Bromine and bromide of potassium appear to act as specifics in pseudomembranous affections. The bromine acts as a disaggregation agent, the potash as a fluidifying one, but in both cases the curative action seems to be due to the bromine, which even when given alone has shown itself efficacious.

Gilleberts: Collodion for Chaps and Chilblains:

Collodion, - - - - -	ʒxxx.
Venice Turpentine - - -	ʒxii.
Castor Oil, - - - - -	ʒxi.

Mix and dissolve by agitation.

The Warm Bath in the Treatment of Wounds, Especially those made in Amputation.—M. Langenbeck, of Berlin, has published in the *Deutsche Klinik* for September 15th, 1855, an account of a process by which wounds, especially those made by amputation, can be constantly subjected to the influence of a warm bath. He first examines the modes of application of cold and warm water, and concludes that, in many cases, these are insufficient. He relates the advantages which he has obtained from the use of large warm baths after capital operation, such as disarticulation of the shoulder-joint, excision of the scapula, lithotomy, etc. These baths have been em-

ployed from half an hour to an hour once or twice daily, not being contraindicated by traumatic fever and inflamation of the edges of the wound; at a temperature of 97° Fahrenheit, they maintain warmth, diminish fever, heat, and the frequency of the pulse, calm pain, and keep the wound clear. Topical warm baths have often been employed by MM. Langenbeck and Stromeyer, in gunshot wounds of the extremities with or without injury of the bones, before and during suppuration. Stromeyer first recommended the use of the permanent warm bath after the operation for vesico-vaginal fistula.

The following is a description of the apparatus employed by M. Langenbeck:—

The apparatus intended for the upper extremities consists of two oblong basins, of various sizes; they are placed in a hollow of the mattress near the edge of the bed, so that, as the patient lies on his back, the arm may rest comfortably in them. The reservoir for the leg is triangular; The base is directed upwards, and the apex is fixed on a board, and moves on a hinge. By means of a wooden structure, which works into the supporting board, and is fixed at the upper end, the latter can be raised or depressed at convenience. The whole apparatus forms a double inclined plane, on which the leg, bent at an angle of about 120°, rests in the water. The basin has a cover fastened down, with an opening at the upper part to admit the leg. The opening has a projecting border, on which is fixed one end of a sleeve of vulcanized caoutchouc, the other end embracing the thigh and leg; in this way, the evaporation and cooling of the water are prevented. In the interior of the reservoir, three straps are fixed to hooks, so as to sustain the limb; while two other straps pass over the limb and keep it in position. At the bottom of the bath is a short tube, with a stopcock, for removing the water. Two openings' with movable coverings, are made in the cover of the apparatus; one being for introducing water and the other for receiving the thermometer.

Injuries of the knee, and the stump after amputations of the thigh, require the horizontal position, and consequently another form of apparatus. This consists of a square zinc box, from half a yard to a yard in length, fourteen inches wide, and arranged internally in the same manner as the apparatus already described. For stumps, the wall which looks towards the thigh has a large hole, with a projecting border, to which, by means of an iron ring, a caoutchouc tube passes and embraces the thigh. For injuries of the knee, the India-rubber tube is first applied to the thigh; then the leg is passed through the openings in the box and the lower caoutchouc tube; the lower border of the tube fixed on the thigh is then fastened by an iron ring, which is brought together by screws, to the projecting rim of the opening in the basin; and the apparatus; being thus adjusted, is filled with water.

M. Langenbeck, as a rule, leaves large wounds without dressings. But when they are the results of recent operations, attended with loss of substance, he applies charpie and bandage to obviate secondary hemorrhage. These applications, however, are removed the next day, without disturbing the limb. In amputations, resections, etc., sutures are employed, an aperture being left at one corner of the wound for the escape of secretions.

In general it is best not to employ the apparatus until the risk of secondary hemorrhage has ceased; for instance, in amputation, not within eighteen or twenty-four hours. In several cases, however, M. Langenbeck has applied the bath immediately after operation, before the patient had recovered from the effects of chloroform. The proceeding has the advantage of not being troubled by dressings, and the pain in the wound is rendered very trifling. If consecutive hemorrhage arise, the limb must be removed from the apparatus.

Great attention must be paid to the caoutchouc bands, so that they may neither compress the limb too tightly, nor allow the escape of water. Notwithstanding these precautions, œdema and gangrene may be produced, even by the slightest constriction, in some cases; especially over such parts as the crest of the tibia, where the bone is immediately under the skin. These inconveniences may possibly be removed by further improvements; but it is well to examine the wounds carefully twice a day, when the water is renewed, and to shift the position of the caoutchouc sleeves, which should be sufficiently long.

The temperature of the water must vary according to the indications, whether it be desired to relieve pain, to prevent consecutive hemorrhage or inflammation, or to favour granulation. Further observations will probably point out the modifications required by the kind of lesion, and by the strength, age and temperament of the patient. When the apparatus is used immediately after operation, the temperature employed at first is from 50° to 55° Fahrenheit; if the water be not renewed, the temperature rises, in from three to twelve hours, up to 59°, 68° or 88°. After the first day, this temperature is the most agreeable to the patient; at a later period when the wound begins to suppurate, water at 93° or 95° is used. In general the feelings of the patient are the best guide on this point. It is easy to keep the temperature almost constant, by covering the apparatus more or less, and by adding warm or cold water. In summer, at a temperature of from 72° to 77° in the room, the heat of the bath rose, in twelve hours, from 93° to 95° or 100°. On the other hand, in winter, the temperature of the room being 63.5°, the water fell nearly constantly to 86° or 88° in the same period.

In general, it is sufficient to renew the water twice a day. If there be a large wuond, or abundant suppuration, the apparrtus must be carefully cleaned every day, by drawing off the water, and

wiping the walls of the bath with sponges dipped in a chlorinated solution, taking care not to disturb the wound. When, however, the wound is large and not dependent, it is advisable to pass a stream of water into it to remove the secretions.

The advantages of this procedure are then pointed out by M. Langenbeck:—

1. *Diminution of the Pain following Operation.*—However large the wound may be, pain is not complained of. In two cases, after injuries of the extremities, pain was produced in the sound foot and hand which were placed in the water, probably by distension of the thick epidermis. This pain, however, soon disappeared. When the water is being changed, and the injured part is exposed to the air, a cold sensation is experienced, attended with pain, which is removed as soon as the water is again poured in. If the wound remains exposed for a quarter of an hour, rigors are produced. M. Langenbeck has never seen rigors follow important operations, when the patient has been placed in a bath during anæsthesia.

By the use of the bath, the necessity for bandages, plaster, etc., is removed. The sutures can be removed without disturbing the limb, and cleanliness is maintained. Unfortunately, in amputation of the thigh, the apparatus is likely to produce œdema. The objection, however. may be removed by further improvement.

2. *Diminution of Fever.*—The traumatic fever, and that attending suppuration, lose their intensity. The pulse is usually from 88 to 90; at first it is commonly as high as 120, but sinks as soon as suppuration commences. When the water is removed, the pulsation increases from 10 to 24, and again decreases when the water is added. If there be violent inflammation of the wound, or phlegmon of cellular tissue, the pulse may rise to 120 or 150, with corresponding general heat. During suppuration, Langenbeck once only observed rigors, indicating the formation of a large purulent deposit.

3. *Removal of the Secretions.*—So long as the water has free access to the wound, the stagnation and decomposition of its secretions are impossible, in proportion to the fluidity of these, and the dependent position of the limb. In deep and sinuous wounds, as after resection of the knee-joint, injections must be used. Complicated wounds, as those attending fracture of the thigh, with injury of the knee-joint, must be carefully watched; for, even though the surface of the wound be clean, there may be deposits in the subcutaneous cellular tissue, and when the wound is small or when phlegmonous inflammation has set in. Incisions must then be employed, as in the ordinary treatment.

4. *Promotion of the Healing Process.*—M. Langenbeck has not yet been able to determine how far the use of the bath promotes union by the first intention. In one case, however, of circular am-

putation of the leg immediately below the knee, the wound healed by the first intention in the course of the sutures. In an open wound, subjected to the influence of the bath, the layers of coagulated blood, adherent to the wound, lose their colour; the fibrin remains, until, on the third or fourth day, it is removed by the granulations. The surface of the wound, in five or eight hours after operation, assumes a yellowish-gray colour, somewhat white, resulting from the decoloration of the superficial parts, and from the layer of exudation, which adheres to the wound. The limb, especially in the vicinity of the wound, swells from the imbibition of water, and regains its natural dimensions on the removal of the water. This absorption must have a beneficial influence in promoting removal of the secretions, and preventing disorders in the capillary circulation. M. Langenbeck has observed inflammation of the edges of the wound and phlegmonous redness only in cases where purulent deposits were formed, or where the sutures were too tight.

In three or four days, the dead layer is removed in portions by the water, and granulation commences. In a very short time, the deeper parts become filled up. the ends of the bones are covered, and the granulations from the medullary canal unite with the others. In the bath, the granulations attain a development, which is not observed with other modes of dressing. The semi-transparent appearance shows that this depends in part on the absorption of the water. When the wound is covered with granulations, cicatrization commences. This is probably somewhat retarded by the bath; hence at this stage M. Langenbeck has recourse to the ordinary dressings.

To ascertain whether wounds heal more rapidly under water than when exposed to air, a large number of comparative experiments would be required; and even then we must remember that the period of healing varies even for the same operation. In three cases of subcutaneous resection of the tibia and fibula, healing took place in five, seven and twelve weeks; while in two cases of subcutaneous excision of ankylosed elbow-joints, the wounds healed in the water bath in four weeks. A case of excision of the knee-joint performed at Kiel, required fourteen weeks; while another case, under the influence of the bath, required only eight weeks. It must be remembered, however, that operation wounds sometimes heal very rapidly under the ordinary treatment. Nevertheless, M. Langenbeck is inclined to believe that the use of the bath promotes cicatrization.

Will the employment of the bath obviate the danger of pyæmia? This question cannot yet be decidedly answered; but M. Langenbeck has never seen pyæmia attend this treatment, although it occurred at the same time in other patients under his care. Chilling of the wound, retention and decomposition of the secretions, and miasmata, are the causes of pyæmia. These are obviated by the use of the bath; although the possibility of the occurrence of pyæmia cannot be denied.

M. Langenbeck relates several cases in which he has employed the treatment described, viz :—

1. Compound comminuted fracture of the right leg; 2. Osteosarcoma of the right tibia; amputation immediately below the knee; 3. Carcinoma of the foot; amputation by Lisfranc's method; 4 and 5. Ankylosis of the right elbow; subcutaneous resection; 6. Medullary cancer of the patella; removal of the patella, and excision of the ends of the bones; 7. Large fibrous tumour on the outer side of the knee; extirpation; joint opened; extensive gangrene and sanious suppuration, Recovery took place in all the cases except the last.

In the *Deutsche Klinik* for October 13, 1855, Dr. Fock publishes some further observations. The following are the cases in which the use of the bath is indicated: 1. All large wounds of the soft parts, whether it be desired to heal them by the first intention or not. 2. Penetrating wounds of the joint. 3. Compound fractures, as soon as inflammation and suppuration of the skin and cellular tissues set in. 4. Lacerations of the soft parts of the hands and feet, with or without injury of the bones. 5. After lithotomy, urethrotomy, operation for hernia, removal of uterine tumours, extirpation of the ovary. 6. Caries. 7. Whitlow, diffuse phlegmon, and acute suppurative œdema. 8. Gangrene. 9. Burns. 10. Acute and chronic inflammation of the joints. 11. Operations for ankyosis and contracted joints, whether by rupture or osteology. [12. The Cæsarean section ?]—*Association Med. Journ.*, March 8, 1856.

Surgical Uses of Glycerine.—In our preceding No. (p. 518), we noticed some observations made by M. Demarquay on the surgical applications of glycerine. Since M. Demarquay published his remarks, further experiments have been made on the the subject, the result of which has been published (*Gazette Medicale de Paris*, January 26, 1856) by M. Lutton. He describes first the physical, and then the therapeutic effects of glycerine.

1. *Physical Effects.*—Being of an oily appearance, while it is of the consistence of syrup, it prevents the dressings from adhering to the wound; and by its solubility in water, it allows the wounds to be readily cleaned. Glycerine evidently moderates suppuration; and on the other hand, being very hygrometic, it keeps the parts constantly moist, and prevents the products of exudation from concreting. To obtain this result, it is necessary to apply the glycerine in abundance, and to impregnate the charpie and linen well with it. It protects the parts from the action of the air, and maintains them at a sufficiently high temperature. In these respects, glycerine is superior to fatty matters for surgical dressings.

2. *Therapeutic Uses.*—The first effect of the application of the

glycerine is to produce a slight prickling sensation, which, however, is soon calmed, and is never very distressing.

Simple Wounds.—In ordinary wounds, whether accidental or surgical, and free from complication, glycerine has no very manifest action. Under its application, wounds heal at least as soon as under most neutral local applications, and almost the only circumstance of any note is the small amount of suppuration. Besides this, there is scarcely ever an exuberance of granulations.

Burns.—In different degrees of burns, glycerine is a very convenient and efficacious application. Patients who have been treated by the transcurrent cautery, on account of white swelling, sciata, etc., have objected to be dressed with glycerine, on the ground that the burn healed too quickly, and did not "draw" enough. The happy effect of glycerine has been remarkably observed in a case of burn in the second degree, produced by an explosion in a mine.

Diphtheritis of Wounds.—In the Hospital of St. Louis, wounds, during the first days of their production, present a grayish, almost diphtheritic appearance, and become clean slowly. Under the influence of glycerine, this condition, more troublesome than serious, is arrested; the wound assumes a rosy aspect, without any exuberance of granulations.

Hospital Gangrene.—It was for this affection that glycerine was first employed in the Hospital of St. Louis. The disease in the first case was very extensive, and had been unsuccessfully treated by lemon-juice, quinine, and even by strong nitric acid and the actual cautery. In this, as in two other cases, glycerine was completely successful.

Abscesses and Purulent Deposits.—In deep wounds and sinuous ulcers, glycerine has been used, either by being introduced on a piece of charpie, or as an injection. The amonnt of suppuration has been remarkably diminished, and the period of cicatrization has been smaller. M. Demarquay has also injected glycerine into cold and congestive abscesses, and those in connection with inflamed bones, with complete success.

Ulcers.—Chronic, varicose, gangrenous, and other ulcers, have become rapidly clean under the influence of glycerine. The surface throws out granulations, and cicatrization soon takes place. Rest is a powerful and necessary aid.

Chancres.—Glycerine though it has no specific action on chancres, rapidly cleans the surface, and causes them to assume a healthy appearance.

Diseases of the Neck of the Uterus.—MM. Trousseau and Aran have already employed glycerine, but with little satisfaction, in uterine affections. M. Demarquay, however, has found it useful in simple or granular ulceration of the cervix. When the ulceration has been chronic, or when the cervix was rather enlarged and tumefied, caustic applications were also made. Glycerine was then applied by means of wadding: after the separation of the eschar, the

secretions, commonly to abundant and fetid, were remarkably moderate in quantity.

In vaginitis, also, glycerine has been applied; but here, as in diseases of the cervix uteri, nothing conclusive can as yet be arrived at regarding its efficacy.

The editor of the *Med. Times and Gaz.* states (April 22, 1856) that he has lately had an opportunity of watching a trial of the remedy by Mr. Skey, in St. Bartholomew's Hospital. The first few cases in which it was resorted to appeared greatly benefitted, and Mr. Skey was induced by their result to direct its general use. His final conclusion, however, as stated in clinical remarks, has been, that the remedy possesses no peculiar virtues whatever. A considerable number of sores heal rapidly during its use, as indeed they would do under that of any non-irritating application which would exclude the air and prevent drying; in those, however, which have assumed an unhealthy state, and which resist the influence of other like remedies, it effects nothing whatever. A smaller series of trials by Mr. Hutchinson on patients at the Metropolitan Free Hospital, have led him to the same conclusion with Mr. Skey. Unhealthy sores dressed with it for periods of three weeks have remained precisely *in statu quo*. It is an agreeable application, causes no smarting, excludes the air, keeps the sore moist, and does not adhere to the edges; but beyond these it appears to possess no recommendations. While more expensive, it seems little, if at all, superor to olive or almond oil. It may seem difficult to reconcile the great discrepancy between foreign and English experience which these conclusions show. It might, perhaps, scarcely be deemed fair to insinuate, that on the Continent the employment of dressings which simply exclude air, and are themselves non-irritating, is not so well understood as among ourselves, and that, consequently, credit has been given to a single remedy which belongs rather to the whole class. Such, however, we suppose is, to some extent, the case. In one case, recorded bp M. Petel, the source of fallacy is transparent. A woman came under his care for phagedænic stomatitis. Glycerine was applied, and *chlorate of potash given*. A very rapid cure, of course, occurred. The narration reminds one of Voltaire's assertion, that he could easily kill a flock of sheep by spells of witchcraft, provided, at the same time, he might mix a little arsenic with their food.

UNITED STATES.

The Pathology and Cause of Sun-stroke.

The question is often asked, What is "sun-stroke?" and where any definite answer is given, we are usually told that the disease or accident in question is apoplexy or extensive congestion of the brain, caused by the direct action of the sun's rays upon the head,

during the excessively hot weather in summer. In accordance with this view of the pathology of the malady, the treatment frequently recommended, and till of late frequently adopted, consists principally of venesection, to relieve the overloaded vessels, followed by the application of cold to the head. It is remarkable that an affection which proves fatal to numbers during the hot season, should have so little attracted the attention of pathologists, that its name is hardly to be found in any treatise on the practice of medicine or surgery. Notwithstanding this omission, however, the attention of medical men is frequently called to the disease, as it occurs especially in our large cities, and we believe that careful observation has established a more correct pathology, and a more rational treatment of it. We believe it is now generally admitted that sun-stroke is a state of nervous exhaustion from extreme heat, and that the brain, instead of being gorged with blood, is, in many cases at least, if not all, in a state of anæmia, and that the patient is in a condition somewhat resembling extreme syncope. Hence the indications for treatment are the employment of stimulants, rather than of depletives.

We notice, in the last number of the *Detroit Medical Independent*, an interesting paper on this subject, by Dr. Sanford B. Hunt, which we would gladly transfer to our pages, did our space allow. It is among the selected articles, but we are not informed from what source it was taken. Dr. Hunt considers that direct exposure to the sun is by no means necessary to the production of the disease, for although undoubtedly the larger number of cases occur in the open air, still many take place within doors, or in cloudy weather. During the month of August, 1854, of 235 deaths from sun-stroke, 49 were those of females, whence Dr. Hunt concludes that some of the cases at least must have occurred under shelter. Quoting from a valuable paper by Dr. H. D. Swift, on Exhaustion from the Effects of Heat, Dr. Hunt says that eleven persons were attacked one morning in a laundry of a large hotel, and several others in a sugar refinery, and the cases corresponded, both in symptoms and lesions, with those which occurred during exposure to the sun.

The supposed condition of cerebral congestion has arisen, we are inclined to think, from the symptoms rather than from *post mortem* demonstration. When a person falls down in a state of insensibility, often accompanied with convulsions, it is natural to think at once of apoplexy or a state approaching it, and venesection suggests itself as an appropriate remedy; but on further examining the patient, we find the skin pale and cool, the pulse rapid and feeble, and the general condition that of extreme prostration. So far as *post mortem* examinations have been made in this disease, the above views are in the main confirmed. Dr. Swift, in the paper above alluded to, says that he has met with but very few cases of cerebral congestion, among a very large number of examinations.

Dr. Hunt considers that a high temperature, combined with a considerable degree of humidity, is the essential condition for the production of the disease. Nervous exhaustion is not produced by a high, yet a dry heat. A temperature of 135 degrees may be borne for half an hour without great discomfort, but no person could live in a vapor-bath of that heat. "The effect of surplus moisture in prostrating the nervous system, impairing the vigor of the heart's action, and producing syncope, is as well known as the vapor bath, and needs no comment. The symptoms of *coup de soleil*, in its ordinary form, are precisely similar to prolonged syncope. The exhausting influence of a sultry day, or of a hot sun directly after a shower, are familiar instances of the effect of a high humidity upon the system."

Editorial.

☞ As this is the season in which the various Medical Colleges throughout the extent of our wide spread Continent, are actively engaged in issuing their announcements for the coming winter, quite a number of their cards will appear in the advertising sheet of the present number of the Lancet. It is a matter of much importance to students that they should make a judicious and early selection of a school for their future *alma mater*, and therefore we earnestly invite attention to those cards.

Being connected with the interest of medical teaching in Cincinnati, and feeling a pride in the success of any honorable enterprise in the city we claim as our home, it is natural that our predilections should be in favor of our own schools, though we would not desire to exercise any undue influence or persuasion to turn any from the many excellent schools that surround us, on the East and West, on the North and South.

In Cincinnati we are both "blessed" and "cursed" with many schools,—regular, irregular, and defective; of these, two only can receive our commendation; in those alone can a diploma be obtained that an honorable man would not "blush and hang his head with shame to own." The Medical College of Ohio, the oldest Medical institution in the West, is too well known to all the readers of the *Lancet* to require any praise from us. The too frequent changes in her faculty, that have marked the few last years of her history, seem

now to be happily at an end, as it will be found that every member of the past Session will be at his post during the coming winter, though we have the pleasure of announcing two valuable additions to her corpse of teachers. PROF. S. M. LAWSON, so long and favorably known as an accomplished teacher, after an absence of two Sessions from the School, has again returned to his familiar position,—the theory and practice of Medicine. E. S. WAYNE, an experienced analytical and practical Chemist and Pharmaceutist, will lecture on experimental Chemistry and practical Pharmacy. These additions add much to the strength of the school, and will doubtless receive the cordial approbation of both our students and *alumni*.

The Miami Medical College a young but vigorous rival of the Medical College of Ohio, presents again an unbroken front, and is, we hope, pursuing an honorable course to merited success.

We feel in duty bound to invite all students who may favor this city with their presence in the coming winter, to give these two schools their undivided consideration. Let the question "which of these shall I attend?" be the only one to occupy their minds, and be decided on after their arrival in the city, if they do not wish to fill their future professional career with regret and repentance.

PRACTICAL PHARMACY.

Mr. E. S. WAYNE, a gentleman who has gained much celebrity as an analytical Chemist and practical Pharmaceutist, has been appointed Lecturer on Practical Pharmacy in the Medical College of Ohio.

We regard this as a good move in the right direction. There is no department of a practical medical education so much neglected, and for practitioners, especially in the country, none more useful. We doubut not but it will be appreciated by the Class as a valuable part of their course of instruction.

☞ We have receive from the publishers, for notice, the following works which may be found by purchasers at H. W. DERBY'S. "Dunglison on New Remedies." "Simpson's Obstetric Works, second Series." "Diseases of Women and Children, by E. S.

Bradford, Third Edition." Gardner on Sterility." "Carpenter on the Microscope." "Wright on Headache." Also, the "Transactions of the South Carolina Medical Association of 1856." History of Ligature Applied to the Brachio-Cephalic Artery, by Paul F. Eve, M. D." "Encysted Osseous Tumors, or a thin membranous Cyst, developed in Cancellous Structure of Bone, and surrounded by a thin, Bony Wall." By Alden March, M. D."

In our next issue, a more extended notice will be given of these valuable contributions to science.

PROF. L. M. LAWSON.

We are gratified in being able to announce the election of PROF. LAWSON to the Chair of the Theory and Practice of Medicine in the Medical College of Ohio.

Of PROF. LAWSON's abilities as as a teacher it is needless for us to speak. He has been long known to the profession as a writer and teacher, and few men occupy a more commanding position.

Died in this city, on Thursday morning, the 10th inst., at 8½ o'clock, after a protracted illness, Prof. JOHN LOCKE, in the 65th year of his age.

The above announcement, which appeared in our city papers, cast a gloom of sadness over many minds, as it told of the extinguishment of one of the great lights that had for a long time illuminated the Halls of science in this city. The learning—the deep searching mind—the industry and enthusiasm in the pursuit of knowledge, possessed by Prof. Locke, are attributes, seldom enjoyed in so eminent a degree as that which made him distinguished among the learned men of our age. Prof. Locke had few equals, and perhaps no superiors, in a knowledge of the Natural Sciences, particularly in the departments of Chemistry and Natural Philosophy, with an intimate acquaintance with the laws of Mechanics.

Dr. Locke was born on the 19th of Feb., 1792, in Freyburg, Me. After acquiring a preliminary education in his native State, he entered Yale College, where he pursued his studies with distinguished ardor, and received his degree. He subsequently removed to the West, and in 1837 was appointed to the Chair of Chemistry in

the Medical College of Ohio, which he filled with great ability until 1853.

Some months previous to his death it was remarked by his friends that his naturally vigorous constitution was rapidly failing. It was obvious that the "silver cord" would soon be loosened, and that his great mind must ere long return to the God who gave it.

A *post mortem* examination of his remains was made by Prof. Blackman, and the appearances were reported as follows:

"There was no disease of the heart or lungs, but the heart and entire arterial system was at least one-third larger than usual. The liver presented considerable indications of disease, but was not particularly enlarged. The kidneys were congested and apparently granular, but only softened; they were about the usual size. The brain exhibited conditions of softening in the middle and posterior lobes of the left side; the remarkable feature of the organ was its weight—fifty-six ounces—much more than the average; and the depth of the convolutions, which were fully one and a quarter inches."

At a meeting of the Medical profession held in the Office of Dr. C. Woodward, the following resolutions were passed.

WHEREAS, It has pleased the great disposer of events to remove by death our distinguished friend and brother, Dr. John Locke; and whereas, it is right for the living to pay just tribute to the illustrious dead; therefore,

Resolved, That in the death of Dr. Locke our community has lost one of its brightest ornaments, and science one of her most ardent votaries.

Resolved, That to him, as instructor of youth in the earlier stage of his bright career, many of our mothers and sisters are indebted for that intelligence and cultivation which ever distinguished his pupils.

Resolved, That as Professor of Chemistry in the Medical College of Ohio, he discharged faithfully and acceptably the duties of his department, won the affection and respect of the students, and contributed his full share to the success of that institution.

Resolved, That as a zealous promoter of the useful arts, and public lecturer upon Chemistry and Mechanical Philosophy, all classes of our citizens are under deep obligation to him, and will cherish his memory as a public benefactor.

Resolved, That in the walks of experimental philosophy and scientific research, he not only stood pre-eminent among *us*, but also occupied a proud position among the savans of Europe, and shed lustre upon the American name.

Resolved, That we especially, as medical men, are called to mourn the loss of one who, though not directly engaged in the

practical duties of our calling, has, nevertheless, by his unwearied investigations, shed much light upon our professional pathway, and contributed rich gifts to medical literature.

Resolved, That as an expression of our own sorrow, and our sympathy with the bereaved family, we will attend the funeral this afternoon.

Resolved, That the above resolutions be published in the daily papers, and a copy sent to the family of the deceased.

The important facts contained in the following communication, were received too late by Prof. B. to be incorporated in the article under the head of 'Correspondence' p. 469. The phenomena revealed by the autopsy have certainly taken us by surprise, for we had no doubt after a close examination of the existence of a dislocation.

Mr. Editor:—Last evening I received from the attending physician, an account of the appearances presented in the fatal case referred to in my communication on the reduction of old dislocations. This unfortunate case is remarkable for this, among other circumstances, viz. the number and character of the professional gentlemen, who, with myself, believed in the existence of *dislocation*. No less than twelve practitioners residing in the vicinity of the patient's residence, and three of the first surgeons in Cincinnati, like myself, supposed that they felt the head of the bone under the head of the pectoral muscle. It should be remembered, that at the time of the examination made by those of us residing in Cincinnati, sixteen weeks had elapsed from the date of the accident.

Careful measurement showed no difference in the length of the two arms. The elbow was separated from the side, nor could it be depressed without considerable force. Rotation, made by seizing the condyles of the humerus, rendered the upper end of the shaft readily perceptible under the pectoral muscle; and there existed likewise a depression under the acromion process. Although there was some fullness in the glenoid cavity, the head of the bone could not be detected in that situation.

The following extract from the account of the autopsy, will show at once the cause of the error into which so many of us were led:

"This disclosed a transverse fracture of the anatomical neck of the humerus, apparently as close to the capsular ligament as

possible. The head of the bone remained in the glenoid cavity surrounded by the capsular ligament which did not appear to have been torn. On dividing this, and turning the head of the bone out of the cavity, the joint did not appear to have suffered mechanical injury. The fracture across the cancellated part of the bone was conchoidal, leaving the upper end of the shaft of a concave form. The upper end of the shaft lay a little in front of the joint, was readily moved, and raised into the bed where it had rested for many weeks. *When in this position the end of the coracoid process and the insertion of the pectoralis minor rested in the concave end of the bone, and caused it to appear about of its natural length.*

"The posterior part of the shaft had lain in contact with the fractured portion of the head, something more than an inch from that of the shaft. At this point there had been an effort to form a re-union. There was a callus attached to the shaft, and several fragments of bony matter, probably broken loose from the portions which they were designed to connect. They were attached to the deltoid muscle which they had served to agglutinate over the head of the bone. The humerus was sound and presented no sign of ever having been fractured or otherwise injured, in any part than that which has been described."

In my next I hope to present the early history of the case, at which period he was attended by a prominent practitioner of Pittsburgh, Dr. McCook, Jr., who, it is but justice to add, from the first, regarded it as a fracture of the neck of the humerus. This view of the case was also taken by Prof. Mussey, but, the impression left on the mind of the attending physician, from his interview with Prof. M. was that he regarded the fracture as complicating the dislocation. Owing to Prof. Mussey's absence from the city, I am unable, as I would wish, to learn his opinion from his own lips.

Your, &c.
G. C. B.

The young man whose hip we reported, in our March number, as having been reduced by Prof. Blackman, after six months standing, is now in the Commercial Hospital. He can evert, or invert, his foot as readily as that on the sound side, and can flex and extend the whole limb with ease. The limb appears to be shortened about three-quarters of an inch, which is doubtless due

to the partial obliteration, and widening of the acetabulum, and the change produced on the head of the bone, by long continued pressure on the ileum. Prof. B. will be happy to exhibit this patient to any surgeon who may feel sceptical in reference to the reduction. We have carefully examined him, and feel warranted in making the above observations.

Miscellaneous.

Removal of Milk in the Breast.—Mr. Gibbon states in the Lancet, that the application of belladonna to the mamma is an excellent means of checking the secretion of milk. With a lotion consisting of half a drachm of the extract of belladonna to half a pint of water, he has succeeded in arresting the secretion in three protracted cases, where a variety of expedients had failed.

New Instrument for the Analysis of Milk.—Leconte's galactometer, which determines with tolerable rapidity and exactness the quantity of butter present in milk, consists of a glass tube, two cubic centimetres wide, the lower end of which is closed. The tube is divided into five parts, each containing five cubic centimetres. To the upper end of this tube a second and less broad glass tube is attached, divided into 1–20 cubic centimetres, having a short and broader tube for use as a funnel fixed to its upper end. Five cubic centimetres of the milk to be tested are poured into the galactometer, and then twenty cubic centimetres of acetic acid. When the funnel end of the tube is closed, and the instrument well shaken, to coagulate the casein, which afterwards dissolves in the excess of acetic acid, the butter rises to the surface of the fluid in the narrow tube in the form of cream, and by warming the fluid a little, to facilitate the separation of the fat, the quantity of butter may be easily read off at the graduation of the narrow tube.—*London Lancet.*

Treatment of Ascarides.—A correspondent of the London Lancet says, that for upwards of twenty years, he has successfully treated adults affected with the troublesome ascarides by administering a wine-glassful of the infusion of quassia half an hour before breakfast, dinner, and supper; but the plan must be pursued for two months without intermission.

Another correspondent says, "The best treatment I have found for ascarides has been an injection of half a pint of lime water every second or third night, cleaning the bowels well out the following morning with a dose of compound scammony powder."

Dr. Robert Lee's opinion of Ovariotomy.—After having been consulted several times about a tumor, supposed to be an enlarged ovarium in a young lady, her parents having for the first time heard of ovariotomy, returned to the Doctor. He says: "Apparently their purpose in calling upon me, was not so much to obtain my sanction to the proceeding as indirectly to *reproach* me for not having long before recommended or performed an operation which they believed to be so efficacious and devoid of danger. Instead of offering my observations on the propriety of the operation, I took down Vol. xxvii. of the *Medico-Chirurgical Transactions*, and turning to Mr. B. Phillip's Table of 'Operations for the extraction of Ovarian Tumors,' begged them to run their eyes along the column of *results*. In this they saw the word '*death*' repeated *twenty-eight times, thrice three times running*, and *once four times* without any intervening case of '*cure*' or '*recovery*.' Nothing further was said respecting the operation on that day."—*Nashville Journal of Medicine and Surgery.*

Resolvent Ointments.—M. Guepin strongly recommends the following ointment in scrofulous swellings:—Lard, 30 parts; sal ammoniac, 2; iodide of lead, 1. In rheumatism as met with among the laboring classes, sailors, etc., he has found the following very useful:—Lard, 30 parts; carbon. of ammon., 2 to 5; calomel, 5; ext. of opium, 3; ext. of hyoscy. 6.—*Bull. de Therap. and London Med. Times.*

Two pieces of Needle removed from the Thigh after a sojourn of forty-five years.—On the 9th of February, 1856. Mr. Ebenezer Byram, aged 53 years, presented himself at my office for the purpose of having his thigh examined, which he said was swollen, as his physician told him, from the "fever settling in it," having had a spell of typhoid fever some twelve months previous. On exposing the limb, I found the thigh on its external side, much swollen, red, and inflamed; the surrounding parts being quite hard, and about the centre of the thigh on its external side was a small soft space about the size of a silver dollar, which fluctuated on percussion, showing that a quantity of matter was contained within. I plunged a large abscess lancet into this soft place, and discharged about a gill of thin yellowish fluid. I then introduced the probe, and after searching for some time, felt the probe grate against some foreign body. I immediately withdrew the probe and introduced a small pair of forceps, and laid hold of the substance, and withdrew two bits of what appeared to have been a large sewing needle; each piece was near three-fourths of an inch in length. After introducing a tent, and dressing the wound, I made inquiry concerning his previous history. He informed me, that when about eight years of age, he had what his parents called white swelling; the symptoms then were great swelling, pain, and redness of the thigh, which

continued to trouble and pain him for twelve months; but at no time did it ever discharge matter, but gradually subsided, and at the end of twelve months, he suffered little or no inconvenience from it, except on sitting "in a certain manner" in a chair, or in riding on horseback, if he pressed the parts, "a certain way," they would feel as though something were sticking in him; these continued to be his symptoms up to September, 1855, when the pain, redness, and swelling increased and gave him so much trouble, as to induce him to seek advice; and the above is the history and the result.—*N. O. Med. and Surg. Jour.*

On the Therapeutic Action of the Vapor of Bi-Sulphuret of Carbon.—Dr. Calvin G. Page recommends the vapor of bi-sulphuret of carbon to be applied externally, for neuralgic and rheumatic pain, by holding a wide-mouthed vial, containing half a drachm of that liquid, so that the vapor will be brought in contact with the part affected. The vapor produces at first a sensation of coldness, then a feeling of warmth with prickling, which rapidly increases until it can no longer be borne. Dr. Page believes it to be a valuable agent for the temporary relief of pain, and in certain cases with permanent benefit.

Action of Sugar on the Teeth.—M. Larez, in a course of investigation, arrived at the following conclusion, viz.—

1. Refined sugar, from either cane or beets, is injurious to healthy teeth, either by immediate contact with these organs or by the gas developed, owing to its stoppage in the stomach.

2. If a tooth is macerated in a saturated solution of sugar, it is so much altered in its chemical composition that it becomes gelatinous, and its enamel opaque, spongy, and easily broken.

3. This modification is due, not to free acid, but to a tendency of sugar to combine with the calcareous basis of the tooth.

Eau Sedative de Raspail is prepared of three strengths:—

Take of Solution of ammonia (22°)	60 parts	80 parts	100 parts
Tincture of camphor,	10 "	10 "	10 "
Common salt,	60 "	60 "	60 "
Water,	1000 "	1000 "	1000 "

Dissolve the common salt in the water, then mix the camphor and ammonia together, and add them to the saline solution. M. Raspail intends No. 1 for persons whose skin is easily affected by rubefacients; No 2 for allaying the pain from the sting of insects, and No. 3 for those patients who have a hard, callous skin. It is employed in hemicrania, cerebral congestions, and rheumatic affections. It is applied by compresses to the part affected, and when near the eyes care should be extended to protect them.

WESTERN LANCET.

EDITED BY T. WOOD, M. D.,
Professor of Anatomy in the Medical College of Ohio, etc., etc., etc.
AND
GEORGE C. BLACKMAN, M. D.,
Professor of Surgery in the Medical College of Ohio, etc., etc., etc.

No. 9.] CINCINNATI, SEPTEMBER, 1856. [Vol. XVII.

Original Lectures, Essays and Communications.

On the Alkaline method of treatment in Acute Rheumatism.

By JAMES GRAHAM, M. D., Prof. of Materia Medica and Therapeutics, in the Medical College of Ohio.

Dr. John H. Griscom, one of the Physicians to the New York Hospital, has recently presented to the profession the results of his experience in the treatment of acute rheumatism by the alkaline method, and these results correspond so closely with my own at the City Infirmary, during my late connection with that Institution, that I venture to offer a few general remarks on the subject.

Dr. Griscom's statistics comprise twenty-six cases, and the average time that his patients were under treatment was about thirteen days; the duration of the whole attack averaging about twenty-one days. Dr. G. asserts that under the most improved plans of treatment heretofore pursued, the average duration of treatment has been about six weeks. There is one point to which this physician particularly alludes, in which his experience is strongly corroborated by my own, viz: the freedom from cardiac and other complications, which attended the alkaline treatment. In not a single instance did such complication manifest itself after the patient's admission into the Hospital, and the testimony of the other physicians

of the Institution establishes the same fortunate exemption. I was first led to try the alkaline method by the perusal of Dr. Henry William Fuller's most excellent work on rheumatism. Dr. Fuller, as many are aware, maintains that in acute rheumatism, the blood is contaminated by a poison, "which is at once the source and maintenance of the mischief," and he further asserts [p. 73], that this *materies morbi* is an acid, or an acidulous compound, which can be eliminated only by a free exhibition of alkalies and neutral salts. He admits, however, that purgatives, sudorifics, and diuretics, by promoting the various excretions, may assist in accomplishing the object, yet alkalies are essential to prevent the further formation, and to effect the elimination of the morbific element. The remedy preferred by Dr. F. is the potassio tartrate of soda, which is readily decomposed in the stomach, acts quite as energetically, and is much better tolerated than corresponding quantities of the alkaline carbonates. Dr. F. made some experiments to determine the efficacy of impregnating the joints affected with alkaline matter, and though these were not sufficiently extensive to enable him to form a positive opinion, yet, on the whole, they "proved extremely satisfactory." The most serious complication of acute rheumatism, it is needless to add, is heart disease. The frequency with which this occurs may be inferred from the statistics collected by Dr. Fuller, during the period he held the office of medical registrar at St. George's Hospital, London, viz: from the 1st of January, 1845, to the 1st of May, 1848, Of 379 cases observed by him, embracing all the examples of acute and sub-acute rheumatism admitted, the heart was healthy in 160 instances, in 32 *probably* healthy, while in 187 it was temporarily or permanently deranged to a greater or less extent. These statistics certainly present a most formidable aspect, as some form of heart disease existed in about half the cases. Now, to preserve the heart from mischief, according to Dr. Fuller, it is necessary not only to take precautions against inflammation, but to maintain the solubility of the fibrin of the blood, and for this purpose, I

am satisfied we must rely upon the free administrution of alkalies and the neutral salts, the experience of Dr. Fuller, Dr. Griscom, as well as my own, having satisfactorily shown that they surpass all other agents in preventing fibrinous deposits on the valves. Dr. Griscom administered the sup. tart. pot et soda. in drachm doses, every hour, and ordered an anodyne lotion of carb. potas. and tinct. opii to be applied to the joints affected. Alteratives and evacuants preceded the employment of these remedies, according to the indications presented. The severity of the symptoms were found to diminish as the urine became less acid.

I am aware that Dr. Roderick Macleod, who, at the time of the publication of his work on rheumatism, (1842) was also physician to St. George's Hospital, has given the results of his experience in the treatment of rheumatism, based on 400 cases attended by him in his public capacity, and that he claims in favor of the blood-letting and purging treatment the average duration attained by Drs. Fuller, Griscom, or myself. For example, of 266 cases, 148 were discharged cured within a month, 110 within a fortnight; and 60 within eight days. Dr. Hope asserted that under a similar method of treatment. in his practice, the cases were exceptional which were not cured within a week. Dr. Corrigan, with large and repeated doses of opium, cured his cases in nine days. Bouillaud, by copious and repeated abstraction of blood, required from one to two weeks for the same purpose, and yet, if report be true. he lost six out of eighteen patients from cardiac disease.

But I have extended my remarks beyond the limits which I proposed. My only object, in offering a few observations on the alkaline method of treatment, is to bear my humble testimony in its favor, fully believing as I do, that it is capable of effecting a more speedy and *perfect* cure than any other plan that has ever been adopted. To those who are skeptical on the subject, I would recommend the study of the facts collected in Dr. Fuller's treatise. In this a comparative view may be taken, which, in my opinion, must satisfy every unpreju-

diced mind. It will there be found, that the boasted success of the authors whom we have mentioned, admits of considerable qualification, and is in reality less than has been asserted.

Laceration of the Cervix Uteri. From Preternatural Rigidity. By J. R. FREESE, M. D., of Bloomington, Ill., Professor elect of Surgery, in the Western Law and Medical College.

A case of this character fell under my care a few days ago; and, as it is a *rare* condition of things, and is liable to give a good deal of *anxiety* to the uninitiated, I have concluded to report it for the benefit of my younger medical brethren.

On the 22nd of May last, I was called to attend Mrs. C. who was then in labor with her second child—the first having been born about two years previous. Upon examination, per vaginam, I found *two* distinct openings into the womb—one anterior to the other. I passed my finger in at the one, and out at the other; hooking the lacerated part over the first phalange of the index finger. The septum, or lacerated part, seemed to be nearly a half inch broad, by an eighth in thickness. Upon a still closer examination, I found the posterior opening to be the natural *os tincæ*, while the anterior was the lacerated opening. The presentation was natural; and, as the labor progressed, I found the anterior opening more dilated than the posterior, and supposed that the fœtus would emerge through that opening. I hesitated for a few moments, whether to draw the septum forward, and thus try to have the child pass through the natural os, lest the other one might be still further lacerated, or let it take its own course, and finally decided upon the latter. If, thought I, the rigidity of the os was too great in the first instance, it is probably too great still; besides, the labor would be greatly retarded, as the natural os was so far posterior that the vertex would press unduly against the sacrum, and thus the fœtus would be thrown out of Carus' curve, the line of which seemed to correspond with the lacerated opening.

The labor continued about six hours, when a "man-child" was born into the world—which unfortunately, however, proved to be "before its time," probably about a seven or eight month's child. It was with some difficulty that I established respiration—every care was taken, but the child lived only about twelve hours.

The expulsion of the placenta was arrested by the septum, and I had to pass my hand into the vagina to release it, before it could be brought away.

The woman had a strong disposition to peritoneal inflammation; but, by timely assistance, this was prevented, and she was "up and about" in nine days.

I learned from her that, in her first confinement, she had very strong and long continued pains, but that "*suddenly*," to use her own expression, the child was born. Her medical attendant gave her no reason for it, and the probabilities are that he mistrusted not the undue rigidity, and knew nothing of the rupture in the cervix uteri. Her convalescense was tedious, and she still suffered more or less from weakness, pains in the back, an uneasy sensation about the womb, etc.

The *rationale* of the case I presume to be, that, previous to her first gestation she had *anteversion* of the womb, together with *extreme rigidity* of the os uteri, both of which conditions continued to a certain extent, up to the time of her confinement. Then, the mouth of the womb, resting against the sacrum, together with this extreme rigidity, prevented the child from being born *per viæ naturales*, and hence the rupture, *anterior* to the mouth, through which the child was "suddenly" born. This rupture finally healed at its edges, leaving, however, a *double* opening into the womb—through the false one of which the last child was born, and all subsequent ones will be, if she continues in the "good old way."

This was not a case of *occlusion* of the os uteri, as I could readily pass my finger in or out of the natural os. Neither do I think that it depended on *obliquity* alone, as Velpeau, Baudelocque, Desormeaux, North and others think that many

cases of ruptured womb do; but it was a consequence, in my opinion, of the two abnormal conditions combined, viz: obliquity and rigidity.

If her medical attendant, in her first confinement had known the exact condition of parts, perhaps he might have prevented the rupture, by elevating and supporting the fundus of the womb—drawing forward the mouth, administering nauseating doses of tartarized antimony with opium, bleeding, *ad diliqeum animi*, if necessary, or, even incising, with a probe pointed bistary, one side of the cervix uteri; but, as he knew it not, and did nothing, Nature took the case in her own hands, made an incision in the "natural way," and left two openings instead of one, into the great *matrix materni*—that wonderful "fountain of life!"

June 18th, 1856.

Poisoned Wounds. By EDWIN R. MAXSON, M. D., of Geneva, N. Y.

It is a fact well understood, that slight wounds, received during dissection, often have unpleasant consequences, from the absorption of animal matter, the virus thus absorbed frequently producing local and general, or constitutional effects, of the most serious character.

It is a fact, of equal importance, though perhaps less generally understood, that the virus may, and frequently does exist in the living subject, being generated in extensively suppurating wounds, and communicated to those in attendance by absorption, from slight wounds of the hands or fingers, developing all the symptoms, both local and general, which follow dissecting wounds.

This we see illustrated in the severe local and general effects which sometimes follow a slight scratch upon the hand or arm in nurses, and also in those who handle or wash foul clothes removed from suppurating, putrid or sloughing surfaces.

A remarkable case of serious poisoning, by matter from the living subject, recently fell under my observation and care in the person of Dr. H. A. Potter, an eminent surgeon of this village.

In the early part of July, 1856, Dr. Potter was called on to attend his brother, who was also an eminent physician and surgeon, residing in Steuben county, of this State, supposed to have been poisoned by matter received from an extensive suppurating wound, by a slight scratch in one of the fingers of the right hand.

The local and general symptoms which were developed in his case, were similar to those usually following dissecting wounds, as I understand: there having been slight irritation of the wound, followed by an asthenic, erysipelatous inflammation of the arm and side, great general restlessness and irritability, and finally extensive suppuration in the right axillary region.

He had been bled, by his own directions, as I understand, before calling his brother, a circumstance very much to be regretted, as it probably lessened the chances of his recovery; at least it was so regarded by Dr. Potter when he was first called to attend the case.

Dr. H. A. Potter, when he was first called to see his brother, regarded his case as a desperate one, and so remained with him up to the time of his death, which took place in about one week, thus giving him, not only the benefit of a judicious treatment but also of untiring care.

While Dr. Potter was attending his brother, he opened an extensive abscess which had formed in the right axillary region, and passed the fingers of his right hand into the cavity, in order to ascertain its direction, and also otherwise exposed his hands to the matter which was discharged, in dressing the parts each day. He was, I believe, attending another patient with an extensive suppurating wound at the same time, or during that week.

While attending the funeral of his brother, in Pates county, on the 13th of July, Dr. Potter suffered from a slight uneasiness in a trifling scratch, received several days before, on the outside of the third finger of the right hand. In a few hours the irritation had passed along the lymphatics to the back of the hand, where an asthenic erysipelatous inflammation was soon set up, involving, by twelve o'clock at night, the whole back of the hand.

At this time I was called to attend him, he having reached home late in the evening.

I found him restless, irritable and chilly, notwithstanding he had taken nearly a quart of whiskey, in sweetened milk, during the preceding eight hours, to counteract the poison, which the Dr. knew was producing its general as well as local effects upon his system.

The hand, at this time, was very much swelled and exceedingly painful, though no general re-action had as yet taken place.

The liquor was continued untill something over a quart had been taken, when, as the stomach began to reject it, very little more was given. A warm foot bath and friction along the spine, with a strong infusion of capsicum in vinegar, succeeded, with other measures in overcoming the chilliness and bringing about re-action, so that no more chilliness was experienced after three o'clock in the morning.

The pain, swelling and redness of the hand continued and extended rapidly up the arm, the whole of which was kept wet with a strong solution of the sulphate of iron.

A strong infusion of valerian was given every six hours, up to the third day, at which time nearly the whole extremity was swelled to about twice its natural size, and the hand was evidently approaching gangrene, to prevent which I laid it open freely between the second and third metacarpal bones.

The bloody serous discharge from the incision relieved the excessive pain in the hand and arm, and appeared to arrest the deep asthenic erysipetatous inflammation, and, in fact,

the progress of the local affection, as the color of the arm began to fade, and soon the swelling was evidently becoming less. At this stage, as there was an evident sinking tendency, I gave him the sulphate of quinine in full doses, with half a grain of camphor, and applied a bread and milk poultice to the hand. This treatment was continued up to the seventh day, at which time free suppuration took place in the hand and arm, the matter in the hand escaping from the incision made four days before.

On the eighth day, I opened the arm, through the extensor muscles, two inches above the wrist; and subsequently, at a point nearer the elbow; and still later, made another opening, on the ulner side of the hand; from all of which points, matter has been discharging, up to this date, July 30th; though suppuration now is nearly suspended. The quinine and camphor are still continued; and the Doctor is taking a good nourishing diet, and has a fair prospect of regaining the use of his hand.

Whatever may be thought of the stimulating course of treatment for poisoned wounds, I am satisfied that in this case at least, the liquor, the quinine, and the free scarification, were the essential means which operated to avert the rapidly fatal tendency of this constitutional and local affection.

I am not certain but that the quinine and camphor, given from the commencement, without the liquor, might have had the same good result. But if it be true, as is generally supposed, that poison animal matter, received in this manner, from the dead or living subject, produces not only an asthenic inflammation in the lymphatics and other tissues, or parts through which it first passes, but also produces a fermentation in the blood, by which its whole mass becomes changed; may it not be true that the alcohol, in such cases. operates to suspend, or prevent this fermentation, in the animal fluids, in a manner similar to that in which it is well known to operate, in suspending or preventing it, in vegetable fluids, which are

tending to fermentation? and if so, hence its efficacy, as a remedy, in such cases; and in fact, in all poisoned wounds.

Geneva, N. Y., July 30, 1856.

[EDITORIAL REMARKS.—Some twelve years since, the writer suffered severely from the absorption of poison from the living subject. He was engaged in trephining an elderly man, a stout, healthy farmer, who had fractured his skull. The scalp in the vicinity of the wound was much bruised, and the fingers of both hands were for some minutes in contact with the part. There was a slight abrasion on the ring finger of right hand, through which the poison must have entered the system. At the end of seven days a free incision in the finger gave exit to a bloody matter, and in a short time the pain and tumefaction in the axilla and throughout the arm disappeared. The patient from whom I received the poison died in about twelve hours after the operation. Afser his death, he was neither touched nor seen by the writer.

Instances of inoculation from the living subject are few indeed, and have been noticed chiefly by veterinary surgeons. The absorption of the matter of glanders, and of the fluids of the human body after death, gives rise to symptoms in many respects similar. The cases reported by Mr. Travers, in his admirable work, "On Constitutional Irritation," confirm this opinion. The very interesting cases reported by Dr. Maxon, certainly lend strong support to the practice of Celsus, who in the treatment of diffuse inflammation oft he cellular membrane, resorted to early stimulation. "Necessarium est," he observes, "exsorbere portionem meri veni cum pipere, vel quidlibet aliud, quo calor movendus est, ne humorem intus coire patitur, nam maxima pars venenorum frigore interemit." L. v. cap. xxvii. The numerous cases collected by Dr. Andrew Duncan, in his elaborate essay published in the Edinburgh Medico Chirurgical Transactions, Vol. I, 1824, as well as those recorded in the work of Mr. Benjamin Travers, to which we have alluded, fully sanction Dr. Maxon's condemnation of venesection in the fatal case of Dr. Potter. G. C. B.]

Surgical Cases.—By G. A. KUNKLER, M. D., of Madison, Ind.

The following cases may possess sufficient practical value to deserve publication.

Case I.—Cystic bronchocele cured by iodine injection:—During July of the present year, I was consulted by Mrs. G., a French lady, about forty years of age, the mother of several children; for a large bronchocele, with which she was affected. Some twenty years ago, she noticed that a tumor had formed in front of the thyroid cartilage; this gradually increased for about fifteen years, when it appeared to become stationary. During the past four years, however, it had again increased in size, and at the time she consulted me, it gave much annoyance from its size, which was such as to impede respiration. The tumor was about the size of a large fist, occupying the whole space between the chin and sternum. The swelling was uniform, the skin not discolored, except by the large plexus of veins which traversed it. Fluctuation could be distinctly perceived.

On the tenth of July I operated, by introducing a large trochar into the swelling, about an inch from the median line, and in the middle of the tumor, carefully avoiding the veins. With some difficulty between six and seven ounces of a thick, glairy, dark colored fluid, were evacuated. The canula was allowed to remain in the wound, and a solution composed of one drachm of tincture of iodine and two of rose water, injected into the sac, and allowed to remain.

The pain was trifling; no chloroform was employed. In the course of a few hours, symptoms of violent inflammation appeared, which shortly increased to an alarming extent, and the swelling became enlarged far beyond its former size. By the assiduous application of fomentations, leeches, and the use of cathartics, etc., it was somewhat reduced in the course of twenty-four hours. The tumor was extremely tender and painful. In the course of the following two days it began to diminish, until on the eighth day after the operation, it was only one fourth of its former size. It gave no further inconveni-

ence, and at present is only the size of a pigeon's egg. A strong iodine ointment is applied daily. I may here mention that the patient was raised in a region of Tyrol, where goitre is extremely prevalent.

Case II.—Tracheotomy, for the sting of a bee.—May 4th, 1855, I was called to see the child of Mr. P., a farmer living about three miles from this place. Several persons had been engaged in taking honey from the hives, when a boy some five years of age, while eating some in the comb, suddenly complained that he was stung, at the same time spitting out two bees with some effort. When I arrived, the little patient was on the point of suffocation. The tongue and back part of the mouth had swelled largely. The stings must have been inflicted in the neighborhood of the right tonsil. The respiration was extremely difficult and labored, and every minute became worse. The body was bathed in a cold clammy perspiration; the countenance sunken, and of a leaden hue, and inspiration appeared to be very painful and was made with much effort. The condition of the patient demanding prompt action, I at once concluded to open the trachea. The struggles of the patient were, however, so furious, that it was impossible to proceed, until I, with great hesitation, resorted to chloroform. A half drachm poured on a handkerchief, and laid over the mouth of the patient, produced insensibility in less than two minutes. The operation was made by an incision a little above the cricoid cartilage, extending downwards about an iuch and a half. There was considerable venous hemorrhage, but, owing to the urgency of the case, the trachea was opened before it had ceased entirely; a large and well fitting tube preventing the ingress of blood into the trachea. Upon opening the trachea respiration at once became easy. Leeches and fomentations were applied, and with a trifling general treatment, the patient was out of danger in less than twenty-four hours; the swelling having disappeared almost entirely, excepting the right tonsil, which remained very much swollen, giving great pain in deglutition. The tube was removed on the third day; the edges of the wound were brought together

by adhesive strips, and the child recovered without the appearance of any untoward symptoms.

Case III.—Hydrocele treated with chloroform injection.

On the 22d day of July of the present year, I operated on Wm. D., a young man aged 28, for an enormous hydrocele. The patient is a slight built, delicate man, but enjoying good health. For four years he has been afflicted with hydrocele, which during the past year had increased to an extraordinary size, giving, in consequence, great inconvenience. On introducing the trochar, about *twenty ounces* of straw-colored serum was evacuated. Three drachms of chloroform were immediately injected. This was allowed to remain in the sac a few minutes and was then evacuated.

The pain was excessive. In the course of three hours, the parts had swelled to almost double their former size. The pain became excruciating, following the course of the spermatic cord, and diffusing itself over the whole abdomen. This state continued for nearly twenty-four hours, when by the liberal use of opium, mercury, ceches, and warm fomentations, it was finally reduced. The testicle rema.ned swelled for about five days after, and then gradually decreased, the patient making a good recovery, the cure being perfect.

Case IV.—Tumor of the eye.—July 19th, of the present year, I was consulted by Mr. A. for an affection of his eye. Externally nothing could be perceived, excepting that the lower eyelid of the left eye was enormously enlarged, but not discolored, the parts presenting more the appearance of a large abscess in that region. A slight manipulation and pressure on the apex of the swelling, caused a tumor to protrude out of the eye, about the size of a pigeon's egg. On examination, it was found attached by a pedicle, about one fourth of an inch in circumference, to the conjunctiva of the lower eyelid, and also to the ocular conjunctiva, near the external canthus. The tumor was extremely vascular, and of a soft fungard consistence, bleeding being readily provoked. It had only appeared during the past three months, gave no pain

trouble, except by ite great size, in encroaching on the 'e-ball, and interfering with its movements. The patient, of a scrofulous diathesis, aged about thirty-eight years, and as been affected for several months, with granular conjunciva. The eye being steadied by an assistant, the tumor was removed entirely by incisions, with curved scissors. The hemorrhage was very profuse, but shortly ceased. No inflammatory action followed, and the patient left for his home the second day.

About two years ago I removed a similar excrescenee from the conjunctiva, which I have no doubt, was a degenerate d pterygium carnosum. It is probable that the above case may have had a similar connexion, although its rapid growth and situation, would hardly warrant the assertion. In the case alluded to, the patient, (an Irish servant girl aged 23,) was affected with a growth, the size of a hazel-nut, which covered the whole cornea, and caused a very unsightly protrusion of the upper and lower lids. The color was of a vivid red; soft and granular. It was but partially attached to the cornea, and could be lifted to a certain extent from that part. Its chief attachment was at the internal canthus. It had been scarified and touched with caustic by several practitioners. I proceeded to remove it, with a small double-edged scalpel. The dissection was extremely tedious, and attended by considerable hemorrhage. It was, however, completely removed, and the patient shortly regained the full use of the eye. No return of the disease took place. The duration of the growth was over four years.

Observations on Periodicity, or Intermittency and Remittency of Diseases. BY O. C. GIBBS, Frewsburg, N. Y.

Under the above title, Dr. Livezey, of Lumberville, Pa. has published a series of articles, in recent numbers of th *Lancet*, which present many points of interest. There ar

however, in the articles referred to, some opinions expressed, which seem to us inconsistent with facts, and which might become pernicious in their therapeutical bearings. We propose to make a few brief comments, upon one or two ideas advanced by Dr. Livezey, and to do so with the utmost feelings of kindness and respect for the author of the papers before us. We do not propose a review of all of the opinions to which we might take exceptions, nor a lengthy consideration of any, but, as briefly as possible, to state our reasons for dissenting from one or two of the main ideas of Dr. Livezey's papers.

Dr. Livezey commences his first paper with nine axioms, the self-evidency of which is just beyond our perception. In axiom first he says, "All diseases are essentially intermittent or remittent. Intermittent fever, then, is the *type* of all disease; and every form of disease is only a modification or development of the primitive type." In axiom 2d he says, "There can be no disease without a general *constitutional* disturbance. *Local diseases* are only a *development* or *result* of a series of constitutional disturbances, determined by predisposition to the weakest part or parts of the body."

In axiom eight, he says, "The many diseases which physicians for thousands of years have been treating as so many distinct and separate localisms, are all, in reality, results or developments of repeated intermittent attacks of general febrile disturbance."

This is certainly simplicity simplified. That many diseases exhibit remissions we are willing to admit, but that all diseases are *regularly* and *persistently* so, we deny. Grant, if you please, that pneumonia, and pleurisy, and peritonitis, and meningitis, show signs of remissions in some of their symptoms; yet, is it proper on this account to say they are "only modifications of intermittent fever!" We grant the truth of Dr. Holland's remark, which Dr. Livezey quotes, that "the tendency to intermission in the animal functions may be justly termed a *law*." The desire for food or for sleep, is

intermittent; yet, who, on that account would suppose that the cravings of hunger were *identical* with an *ague*, or the desire for sleep, but modifications of an intermittent fever? Does Dr. Livezey wish to be understood as saying, that inflammation of the brain and the lungs, carditis and enteritis, rheumatism and cancer, phthisis and pertussis, small-pox and syphilis, porrigo and scabies, as well as the whole catalogue of disease, both local and general, are but modifications of intermittent fever, which he asserts, "is the type of *all* disease?"

When Dr. Livezey asserts, in axiom second, that "there can be no disease without a general constitutional disturbance," he asserts that which may be true. But to say that *all* disease is a *result* of that constitutional disturbance, would be quite another thing. Hence, when he says, "*local diseases* are *only* a development or *result* of a series of constitutional disturbances, determined by predisposition to the weakest part or parts of the body," he asserts that, which not only fails to be self-evident, but is untrue. Porrigo and scabies, as well as many other local diseases, may be accompanied with constitutional disturbances, but that such diseases are preceded by, or are the result of such disturbances, can not be proven by any collation of facts, or any system of logic.

Dr. Livezey, having proven, as he supposes, by eight self-evident propositions, that all diseases are constitutional and paroxysmal,—but modifications of a great, intermittent febrile type,—he says, "From the principles thus briefly advanced, it is self-evident (Ax. ix.) that if the constitutional disturbance be arrested, and its paroxysms subdued, all local developments to which the constitutional disturbance gave rise, will also disappear." Now, it is a well known fact, that intermittent fever, the grand type, as our author says, of all disease, can be invariably cured in its incipiency, with quinia, and hence, though he does not tell us so, we are left to infer that he would counsel the administration of this remedy, in all diseases, of whatever name or nature, be the local manifestations

what they may. Dr. Livezey's papers may take some pathologists and therapeutists by surprise, and, if credence were given to his opinions, might foreshadow a good time coming. For ourselves, we would be glad to believe that the human race was subject to but one disease—the belly-ache—and that castor oil was the only needed remedy; but facts militate against so humane an idea, and it is not improbable but that the pathological and therapeutic simplicity of Dr. Livezey may find the same obstacles to its general acceptance.

As regards the nature of disease and the philosophy of remedial action, Dr. Livezey's views are as simple as they are original. In axiom third he says, "There can be no disease without a *change of motion* of the atoms of the organism." In what part of the organism does this atomic change take place? In answer to this question we have the same characteristic simplicity, and the primary seat of all disease referred, not only to the same cause, but to the same locality. Thus he says, in axiom fifth, "By acting on the *cerebro-spinal system*, every possible constitutional disorder may be produced, whether from within or from without; and through the same medium, medicinally or otherwise, can be rectified." In regard to the rationale of medication, he says, "The curative effect of any agent consists in its producing an order of movement of the atoms of the brain and nerves, of a *contrary* kind to the order of movement which prevails in them during the continuance of the disease for which the remedy was given." Here then we have, not only the nature of disease, but the rationale of curative action. All disease, according to our author, consists in an atomic current, not unlike an electrical current, with a certain direction; and medicines to be curative must have a tendency to produce an *opposing* current just sufficient to bring the moving atoms to an equipoise. If the medicinal current coincide in direction with the disease current, then the disease is aggravated instead of relieved. Lest it be thought we misrepresent Dr. Livezey's opinions upon the action of medicines, we quote again from

axiom sixth: "The action of medicinal substances are purely *electrical*, and any given remedy may produce, like electricity, opposite results even when administered to two patients who are supposed to be suffering under the same nosological disease."

We had hoped that the day of fanciful pathology and imaginary therapeutics was past; that the expounders of legitimate medicine would not bring reproach on the profession, by the earnest advocacy of doctrines wholly chimerical. But the axioms of our author are as fanciful as those of Hahneman, to which in simplicity they are somewhat allied.

It may be urged by Dr. Livezey, that he did not intend his pathological and therapeutic opinions to apply to all possible forms of disease, but simply to all forms of febrile affections. Though his remarks in his first paper are general, yet the following, which we quote from his third paper, suggest the idea that it is possible that he intended a restriction. He says, "We hold that the various fevers spoken of by authors, such as bilious, typhus, typhoid, nervous, jail, ship, hospital fever &c., &c., are mere modifications of remittent, *intensified in their localism* of a general febrile disturbance of the totality of the system; that their several aspects only mark the continually increasing preponderance of the electrical state; and that all arise from a common cause, which is the only defensible and rational doctrine." But the restriction hinted at in the quotation just given was probably not intended, for in his second paper he says, "Now let it be remembered that paroxysm and remission are the characteristics of *every development* of disease; and if this great fact be overlooked and mis-improved, the treatment is of no good avail." "How blind are physicians to the importance and value of these remissional periods!"

We shall conclude our strictures on the papers before us, by expressing our opinions in regard to the non-identity of the various forms of fever. Our author says, "All the different forms of fever are but grades and species of one, (remit-

tent fever,) differing in *different constitutions, location and the intensity of the morbid cause.*" Let us examine this point a little, and see how much truth we find here. If typhoid fever is identical in character with an ague, differing in different constitutions only, then every antom, where agues prevail, we should have fevers, modified by different constitutions, from the mildest ague to the gravest typhoid. Every physician does or may know that such is not the case. A genuine case of typhus or even typhoid fever, is, in many localities, a rare disease, though perhaps, in the same locality, miasmatic fevers prevail in every grade of intensity. Having shown that it is not "different constitutions" that constitutes the difference between typhoid and intermittent fevers, let us see whether such difference can be accounted for by difference in "locations and the intensity of the morbid cause." Typhoid fever is a graver disease than a simple intermittent, and hence, according to the doctrine, should prevail in such localities mainly, as are reputed for the prevalence of miasmatic diseases, and the intensity of the morbid poison. Now, every physician knows that such is not the case. Typhoid fever has prevailed, perhaps as extensively and fatally as elsewhere, in localities where intermittent fevers were seldom or never known. This fact, when duly considered, is, in itself, sufficient to refute all the arguments brought forward by Dr. Livezey.

In regard to the idea that typhoid fever occasionally ends in an ague, we have only to say that it is not unusual for the two fevers, typhoid and intermittent, to run their course at the same time, the milder only showing its distinctive characteristics after the subsidence of the graver.

We certainly wish Dr. Livezey success in his efforts to simplify diseases and their remedies, but we fear that, in his zeal, he has entered so far into the regions of fancy, that his name will never go down to posterity and to fame.

Hospital Reports.

Lond. Med. Times and Gazette, Aug. 2, 1862.

Extract from a Clinical Lecture on Obstruction of the Bowels, Delivered at the Norfolk and Norwich Hospital, Eng., by W. H. RANKING, M. D., Cantab.

The various forms of intestinal obstruction may be conveniently arranged under the following heads:

1. Simple enteritis.
2. Impaction by fæces, or other solid formations.
3. Narrowing of the canal from disease within the bowel.
4. Pressure of tumors external to the bowel.
5. Displacement of a portion of the bowel, causing it to twist itself upon another portion.
6. Incarceration of a portion of bowel in a loop, formed by false membrane, or adhesions, or in some abnormal opening.
7. Invagination or intussusceptio.

1. Simple enteritis, or inflammation of the bowels, is usually, but not always, attended by constipation, which purgatives, if given in ignorance of the true nature of the case, fail to overcome. In this case the obstruction is due to the inability of the inflamed bowel to propel its contents; it allows itself to become distended. The transition from inflamed to healthy bowel is in some of these instances very marked, the upper portion being distended, congested, and even gangrenous, while the lower portion is abruptly pale, empty and contracted.

2. The usual cause of obstruction from impaction is by the presence of hardened fæces, but in some instances concretions of other kinds take place, and complete obstruction has been known to be caused by a large gall-stone. Dr. Watson relates such a case in his lectures.

3. Narrowing of the bowel from internal disease is the result either of chronic inflammation, with ulceration and interstitial deposit, or of cancerous degeneration of the coats of the bowel. Giles's is an instance of the former disease. The stricture thus induced may occur in any part of the intestinal tract, but is most commonly found in the rectum, and within reach. This is specially the case with reference to cancer, for of 378 fatal cases from this cause, in 221 the disease was located in the lower bowel.

4. Obstruction from tumors pressing on the bowel from without is comparatively rare, but cases are recorded in which such a result has been induced by large malignant tumors, and by a retroverted uterus.

5. Strangulation from simple twisting of the bowel upon itself is also rare, but several cases are on record. I have myself met with two marked instances, one of which I related some years ago to the Pathological Society; the other has recently occurred. In both, the descending colon had turned over upon itself, producing fatal obstruction. Two cases are also related by Mr. Mackenzie, in the *Medical Gazette*, in which the colon was similarly dislocated. Now and then, also, an analogous displacement takes place in the small intestine, in consequence of a preternaturally deep mesentery.

6. The sixth variety of internal strangulation of the bowel is more common. It has occurred to me to see several cases, and an instance you lately witnessed in this hospital was one. The more common appearances found are a band of false membrane, the result of some former attack of partial peritonitis; an adhesion of the free extremity of the appendix vermiformis, giving rise to a noose through which the bowel slips; or a rent or congenital fissure in the mesentary or diaphragm.

7. The last form to be mentioned is intussusceptio. In this case one portion of the bowel slips into the portion below it, as may be imitated in the finger of a glove. The portion thus inverted is sometimes of considerable length, and when it

gives rise to a tumor perceptible through the abdominal parietes, it is called a volvulus.

There is a great difference in the relative frequency of these several causes of intestinal obstruction, as may be seen in an analysis made by Mr. Philips, in an admirable paper published in the 31st volume of the Medico-Chirurgical Transactions. He has here collected 169 cases, and of these 69 were instances of invagination or intussusceptio, 60 of strangulation by the constriction of bands, adhesions and abnormal openings, while 19 only were caused by disease of the coats of the bowel, 11 by impaction of hardened fæces or concretions, and 16 from the pressure of tumours external to the bowel.

Whatever be the cause which offers impediment to defecation, a certain train of symptoms sooner or later ensue, though it must be added they do not follow any regular gradation or combination peculiar to individual lesions; hence the difficulty I have spoken of in deciding upon the exact seat and nature of intestinal obstruction. The first thing that usually attracts attention is pain; this is or is not accompanied by vomiting, and it is found on inquiry that from a certain date there has been no action of the bowels. Day after day passes without relief being obtained, and the symptoms become more severe, the pain more constant, the vomiting more urgent and eventually stercoraceous; the abdomen also becomes more and more distended, the pulse quickens, the countenance becomes haggard, and in fatal cases sooner or later symptoms of collapse ensue, and the patient sinks, retaining his mental faculties to the last. This is a description of an average case of ileus; but great variation is manifested in particular cases, in the relative urgency of the several symptoms, and in their grouping. I will briefly consider these symptoms *seriatim*, and first of the pain.

This symptom is usually present in greater or less intensity —but in some few it is very unimportant, and cases may prove fatal in which there is neither spontaneous pain, nor great tenderness on pressure of the abdomen. In other cases it is

the first symptom which excites alarm, and occurs often during some exertion or after an indigestible meal. In such instances it is not uncommonly found that a portion of bowel has become strangulated, and the sudden pain would seem to indicate the precise moment in which the bowel has become imprisoned. In other cases there is little or no pain for some days, but it soon declares itself in connexion with distension of the abdomen, and marks the occurrence and progress of the enteritis, which seldom fails to add to the fatal tendency of the mechanical obstruction. Towards the close of life, when gangrene ensues, the pain, as in idiopathic peritoneal inflammation, often quickly and entirely subsides.

The *constipation* is, in all cases of genuine obstruction of the bowels complete; or if any fæcal matter passes, it is merely that contained in the bowel below the constricted point. In some cases of intussusceptio, bloody mucus passes, which, in children especially, will materially assist in forming a differential diagnosis.

The *vomiting* is a symptom subject to much variety. I have recently had a case under my care in which the obstruction was of fourteen days' duration, with immense distension, but vomiting did not once occur. This case proved fatal without the patient once vomiting. The obstruction was in the sigmoid flexure. For the most part, however, vomiting is a very distressing symptom, and adds materially to the difficulties of medicinal treatment. At first, it is simply the ejection of the ordinary contents of the stomach, but at some variable intervals it becomes fæcal.

The *abdominal distension* likewise varies both in degree and period of occurrence. In some cases, where the obstruction is high up, as in the duodenum, there is little or no distension; on the contrary, the abdomen becomes flat, or even retracted. Generally a tympanitic condition soon declares itself, and may proceed to an enormous extent, so that distended coils of intestine become perceptible to the naked eye.

The condition of the urine is thought by many, and especially

by Dr. Barlow, to give important evidence as to the site of the impediment. Where it is copious it is supposed to indicate obstruction of the lower end of the tube, and the reverse when it is scanty in quantity. Further inquiries are, however, requisite to establish this as a trustworthy symptom. The state of the circulation in intestinal obstruction fluctuates. The pulse may be unaffected at first, but rarely fails to sympathize with the gravity of the disease, in a rise of frequency and subsequent loss of power.

You will see, then, from what I have said, that there is considerable diversity in the symptoms of intestinal obstruction; it may be added that this diversity is not limited to a diversity of intestinal lesions, but that the same lesion may in a series of cases manifest an equal discordance. Hence the extreme difficulty of determining, in many cases, both the nature and the seat of the obstruction; but this fact will be most forcibly impressed on your minds by reading to you the remarks of Mr. Philips, who, in reference to the possibility of correct diagnosis, has analysed a large number of cases. He says: "The impression which must be produced by reading the preceding cases is this: that no matter what may be the cause of the obstruction, no remarkable difference is observed in the more prominent symptoms by which it is accompanied. There are, in all, abdominal pain, tension, constipation and sickness; but in the mode of their occurrence it would be difficult to point out any distinct difference.

"The constipation may have the same characters, whether the obstruction be caused by hardened fæces, by contraction depending upon ulceration or other disease, or by bands or tumors—this is certain. The same may be said of sickness: it is usually distressing and ends in fæcal vomiting, but it may be as obstinate in a base of invagination as in a case of tight strangulation by bands, &c."

This opinion is very disheartening, but it is nevertheless true; and indeed you have so recently had an instance of its correctness, in the case under one of my colleagues, that no

more is required to convince you of the uncertainty in the differential diagnosis of these cases. Still it may be asked, are there not some broad landmarks, so to speak, by which we may arrive at an approximative diagnosis? I should answer in the affirmative, and tell you what they are, and how far they may be made available.

In reference, then, to the nature of the obstruction, I would say that where there is sudden pain and vomiting, with complete constipation in a person previously healthy, and where the vomiting is an urgent symptom, and the pulse quickly sympathizes with the general disturbance, we are justified in presuming (in the absence of external hernia,) that the cause is either inussusceptio or an internal strangulation, the result of the intrusion of a portion of bowel into some abnormal opening in the mesentery, or into a noose produced by a band of false membrane. In such a case our presumption would be strengthened if there was the history of former attacks of partial perotinitis, likely to have produced false membranes. This, however, is all we can say. Between intussusceptio and strangulation by bands, I know of no means of deciding, unless the occurrence of bloody stools be sufficient. In relative frequency of occurrence, in a given number of cases, they are nearly equal.

On the other hand, when we have the history of prior disease of the bowels, one or more attacks of constipation overcome with more or less difficulty, when the symptoms, so to say, do not explode with so much violence, but are more gradual in their accession, we should lean to the conviction that the cause is one which has produced gradual narrowing of the bowel, such as cancerous or other disease of its coots, or pressure by a gradually increasing external tumor. Now, reasoning thus, we should perhaps be right in many cases, but you are bound to know that in many also we should be quite wrong, so that in every instance the diagnosis of a case of obstruction cannot be approached with too much diffidence and caution.

As with regard to the cause of obstruction, so with reference so to its seat. Where you have actual tactile evidence of n obstruction, as in a stricture of the rectum within reach, here can be little difficulty in deciding the point; but where no such evidence exists, the question becomes one of the most difficult which can offer itself. We have to ask—is the obstruction in the large or small intestines, and in which part? Now, taken in reference to the question of operation, the right decision is everything; we may save or prolong life, or we may uselessly perform a dangerous operation, as you have recently seen, accordingly as we interpret the evidence before us correctly or the reverse. The only help I can give you in this difficulty, and it is very small and liable to numerous exceptions, is founded on the following considerations: "If we find a circumscribed tumor in any part of the abdomen, we may perhaps correctly draw the inference that there is the seat of obstruction; but we shall still hesitate between large and small bowel, volvulus and impacted fæces. If a flexible tube passes ten or twelve inches into the bowel, and a considerable quantity of fluid can be injected without returning, it will perhaps be judged that there is at least no obstruction within the descending and tranverse colon; but even here a fallacy may exist and did exist in the case of Giles; the tube may appear to pass, but in reality double upon itself in the rectum, or even it might have passed through, in his case, as the stricture was not absolutely impervious, and thus be the very means of leading us astray. Again, it might be supposed that some assistance could be derived from observing the course of the coils of intestine when these are visible through the abdominal parietes. For instance, if a marked prominence with tympanitic resonance existed transversely across the abdomen and appeared t descend into the left loin, any one would be justified in pr nouncing that there was a distended colon, and that the co striction must be below this. Yet how fallacious any dedu tion drawn on such premises may be, was shown in Dr. Co man's case. Here, as you may remember, there was precis

this transverse prominence, thought by many to be the colon; and yet it turned out to be not the colon at all, which was empty, but several distended coils of small intestines.

Among other supposed data for the localization of the seat of obstruction, I may mention the early occurrence and urgency of the vomiting when the constriction is in the small intestines, the scantiness of urine under the same circumstances, and the sensation of the patient of a passage of air up to a certain point and no further, and of enemata up to the same point in the opposite direction. All these may be occasionally of use, especially the latter, when present; but the exceptions are so numerous that at best but a limited amount of confidence can be placed in them.

With reference to the treatment of intestinal obstructions in general, so much has been said when speaking of the course pursued in the case of Giles, that but little need be added.

Before any measures whatever are adopted, examine the usual seats of external hernia, the inguinal canal, the femoral spaces, and in females the vagina; the rectum should also be examined carefully.

In the majority of cases, when seen early, constipation is the prominent symptom and the one which the patient is most urgent to have relieved. Purgatives may then form the initiative treatment in almost every case, and may be continued for two or three days, but not longer, as should they fail, after so long a trial, you may feel assured that the obstruction is such that they will not overcome, and is probably mechanical. Once that this conviction is justified, purgatives should be abolished, and other methods adopted of a temporising nature. Injections carefully given may be continued, and should be given with a tube passed as far as can be accomplished. Colomel and opium, one grain of each, may also be given every two or three hours, or opium alone. If the patient is robust and there is marked abdominal tenderness, blood may be taken from the arm, or leeches applied to the abdomen. The strength will require sustaining as well as the

vomiting will permit, and after a few days the exhibition of stimulus and opium comprises nearly or quite all that can be done internally. But if the case progresses unfavorably, in spite of everything, what is the next step?—is the patient to be allowed to die, or are we to endeavor to save or prolong his life by operation? This is a question very difficult of decision, on account of the uncertainty of the exact seat of obstruction, and without a tolerable assurance of this point, to open the bowel will be to add one more element of fatality to those already existing. It is clear, then, that before contemplating operative interference, every precaution to insure a correct diagnosis must be taken; should this fail to enlighten us as to the precise point of obstruction, I do not think any operation is to be countenanced; but if we are certified that the constriction is at a point above which the bowel can be safely opened, we have then to decide which of the several proceedings is to be adopted.

The operations usually performed are three: first, that which is called Amussat's or Callisen's operation, and consists in opening the colon in the loin; second, that which has received the name of Littre's operation, in which the bowel is opened in one or other groin; and, third, in which an exploratory incision is made into the abdomen for the purpose of searching for the seat of obstruction. This latter I shall dismiss with a very few words, as I should not consider it justifiable in any case, and in this opinion I am borne out by practical results, as well as by the opinion of the most competent surgical authorities. But the other operations have been performed with success so frequently, that the Physician would not be justified in excluding their consideration, provided always that the exact locality of the obstruction is known —as for instance in a tangible stricture of the rectum; or is indicated with tolerable certainty by circumstantial evidence. Where this evidence is wanting, the feasibility of the operation is certainly very problematical, and as this evidence is seen in the majority of cases to be of an unsatisfactory na-

ture, the number of instances in which it can be performed with any thing like confidence must necessarily be small. But supposing a case in which all the particulars requisite to form a correct differential diagnosis are present, and in which ordinary treatment is unavailing, it would be strictly in accordance with the results of a carefully recorded experience, to suggest that the surgeon should endeavor to effect what internal medicines are incompetent to accomplish. The only question would be, Which operation is the most advisable, and when it ought to be performed? The reply to the latter question is easy; it should be as soon as possible after the obstruction is ascertained to be mechanical. You can easily conceive that if it be delayed until the bowels have become inflamed if not absolutely gangrenous—if, in fact, it be performed only when life is fast ebbing away, it necessarily carries with it the element of failure.

As to which operation is to be preferred, whether that of opening the colon in the left or right loin, or in the corresponding inguinal region, much must depend upon circumstances. There is perhaps less fear of exciting peritoneal inflammation in the former than in the latter mode of establishing an artificial anus; but on the other hand there is no comparison between the two, as regards the convenience and comfort of the patient. If the opening be in the loin, not only is there more difficulty in keeping on the pad which is required to prevent the continual escape of gas and fæces, but the help of an assistant is necessary. Whereas, when the opening is in the inguinal region, the patient can wait upon himself, and thus hide from observation a most disgusting infirmity. It would be foreign to my purpose to describe to you the modes of performing the operation for artificial anus. On this head I must refer you to your surgical instructors.

Proceedings of Societies.

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1. *New York Academy of Medicine. Stated meeting, July* 2, 1856. *The President,* Dr. W. Parker, *in the chair.*

The discussion of the subject of *Ununited Fractures* being in order, it was opened by

Dr. Detmold, who stated the causes of non-union to be both local and constitutional; but sometimes no cause could be assigned. The old method of causing union was, to excite inflammation between the fractured extremities, by friction, blisters, the seton, &c. Resection and wiring the ends together, was another mode. Dr. D. stated that Dr. Mott's cases (where the seton had been employed) were only successful where it had been necessary to *drill*, in order to introduce the seton; and he thinks that Dr. Mott was misled in this way. Dieffenbach resorted to drilling and fastening with ivory pegs. Five years ago Dr. D. had tried boring with a common gimlet, and was successful in all cases. A Committee from the Academy had seen one of these operations. This method was afterwards claimed by a Western surgeon (Dr. Brainard).

Dr. Buck referred to the local conditions preventing union, such as portions of muscle or tendon getting between the ends of the bone. Dr. B. gave the history of a case in which union of the humerus was prevented in this manner. In the tibia and fibula it is sometimes almost impossible to keep the upper fragment of the tibia in place, and the union of the fibula often kept up this difficulty. Dr. B. spoke of Malgaigne's apparatus for overcoming this displacement. He had both failed and succeeded with both seton and exsection. The perforating method was generally successful in about twelve weeks. Friction was useful where the cases were not of too long standing.

Dr. Detmold stated that he had been successful with the perforating method, where Dr. Buck had failed with the seton. He had also been very successful in a fractured ulna, after the third trial. One great advantage of the perforating method was that it leaves no unpleasant symptoms. He had often operated at his office, and allowed the patient to go home. Another advantage was, that it could be repeated any number of times; another, that it does not shorten the limb. He had never failed in the operation. He repeats the operation in one week, if no union has taken place.

Dr. Buck stated that he introduced the seton, in a case, by means of perforating, and union followed; but afterwards it was again broken, and the patient came under the treatment of Dr. Detmold.

Dr. Parker considered this question important for all practitioners, as it often occurred when no cause could be assigned for it, when there was no fault on the part of the surgeon, and was often the basis of mal-practice suits. In non-union of the lower extremities of hospital patients he used the starch bandage, recommended all possible use of the limb, together with good diet, fresh air, and stimulating drinks. *Excision* (as introduced by White, of Edinburg, in 1760, and improved by J. K. Rodgers, of this city, by wiring the ends together) was often successfully employed. *Electricity* is useful; he knew of one case treated successfully by this agent. Dr. P. had noticed that operations on the upper extremities were followed with less success than on the lower, and asked for an explanation of this. He had been successful with the drill; and asked if any benefit was derived from leaving the chips or borings in the hole. He thought there might be.

Dr. Detmold agreed with Dr. Parker that these bony particles, or debris, served as a nucleus for the new union.

Dr. Stone thought that in these cases of fracture it was especially important to ascertain whether the case was one of *delayed union*, or one of *true false-joint*, where the bones were covered with cartilage, and where a new synovial cap-

sule existed. In the upper extremity, particularly in the humerus, false joints were not uncommonly found, and the fractured extremities, if oblique, could not be readily approximated. In such cases he did not believe the operation by the gimlet, as proposed by Dr. Detmold, would be likely to succeed, or that any operation promised success unless it had for its objects the removal of the cartilage and destruction of the capsule, and the approximation of the broken extremities to each other. In the lower extremity, especially in fractures of the tibia, it was extremely rare to meet with cases of false joint. He (Dr. Stone) had never met with a single instance, and was disposed to regard them rather as cases of *delayed union*, which would readily unite if a very little inflammation could be excited. Dr. Stone would expect to obtain this result by the repeated application of blisters; others, by rubbing of the bones together; but Dr. Detmold, by boring with a gimlet. This suggestion of Dr. Detmold was a useful one; but in the fact of union taking place in a week, it proved that very little inflammation was necessary. Dr. Stone had been on the Committee who investigated Dr. Detmold's cases, and had then come to this conclusion. As to the idea that the dust or debris contributed to the union, he must confess that it seemed to him to be truly fanciful; he should suppose that the dust must necessarily be removed in abstracting the gimlet; or, on the supposition that it might possibly be left behind, he should regard this as an untoward accident, which would be likely to act as a foreign body and produce abscesses.

Dr. R. S. Kissam remarked that he was successful in one case of non-union of the humerus, by means of the starched bandage.

Dr. Batchelder remarked that fractures are solutions of continuity in the bones, which heal in the same way as do like solutions of continuity (wounds) in the soft parts, i. e., by the first or second intention. When the fractured extremities in simple fractures are brought and kept in apposition, the lacerated vessels, pertinent to the bone in the immediate

vicinity of the fracture, inosculate, and union by the first intention ensues, as in wounds in the soft parts; with this exception, that the earthy matter which immediately surrounds these vessels at the place of fracture must be first absorbed. This preliminary step is accomplished in a longer or shorter time, according to the age of the patient, or size of the bone. When the crepitus ceases to be perceived, it is an indication that the absorption of the earthy matter is nearly or quite completed; and as motion at the place of fracture diminishes, we infer that re-union is progressing about in proportion to the diminution of abnormal motion; so when this motion has ceased, the inference is that union has taken place, and that the process of re-deposition of ossific matter among and around the vessels, has begun, or will soon begin, and continue till callus is completely formed, provided the fractured parts are kept in position and motionless. If such motion be allowed, the newly formed vascular union will be broken up, and the re-union will be prevented, and the process have to be gone over with again. When the parts are much disturbed and the union repeatedly broken up, the vessels, thus foiled in their attempts to repair the injury, refuse to renew their efforts; but uniting with the periosteum, form a ligamentous union, which, while it serves as a connecting medium between the ends of the bone, keeps them asunder and prevents bony union. To get rid of this interposed ligamentous substance, and cause absorption of the earthy matter surrounding the vessels in the immediate vicinity of the fracture, is the first object which surgery should aim at as essential to the cure. In the larger bones this ligamentous union is very conspicuous, and is most perfect in cases of ununited fracture of the neck of the femur. In these cases, the capsular ligament is folded in between the fractured surfaces, and acts in the first instance as an extraneous body which tends to prevent osseous union, but which in the end contributes mainly to that which is ligamentous. The objects to be aimed at in all our endeavors to cure ununited fracture are, 1. to get

d of this interposed ligamentous substance; 2. to promote r effect the absorption of the earthy matter which surrounds he vessels at the broken ends of the bone; 3. when this is ccomplished, to bring and keep these ends in apposition, that the vessels thus prepared may inosculate and unite as they should do, and probably would have done in the first instance if they had had fair play, or if there had been no fault in the patient's constitution. The method which Dr. B. has adopted and practiced, (with few exceptions in favor of the starch dressing) is to wind a bandage firmly around the affected limb, in order to prevent swelling below the part to which the appropriate application is to be made. This done, a piece of thick sole-leather soaked in water until perfectly soft and pliable, cut and fitted exactly to the limb, and long enough to reach from joint to joint, and sufficiently large to cover the whole, is to be applied and bound firmly on with a bandage. While this dressing is being consolidated, great care must be taken to put and keep the fractured extremities in perfect apposition, or as nearly so as possible; which is best accomplished, when the lower extremity is the affected member, by relays of assistants, who will hold the parts *in situ.* When this dressing has become dry and consolidated, measures should be taken to make the lower fragment press firmly against the upper. As nothing in the system can resist pressure, and as newly-formed parts yield readily to its influence, the interposed ligamentous substance of which we have spoken, and also the earthy matter immediately surrounding the vessels at the fractured ends, are soon absorbed, and the vessels which have been thus freed of osseous matter will unite, and the union be re-established. In case of a lower extremity, it may be proper to let the patient get up and move about with the help of crutches, and perhaps bear more or less weight upon the foot, taking care to do it in such a way as to cause as little motion between the fractured ends as possible; especially after a short time; as motion, if kept up, would infallibly prevent union. If it be the humerus, the patient should be confined to his bed, and an

apparatus, besides the rubber splint, be so contrived and applied as draw the lower fragment up, and force the fractured surfaces to press firmly one against the other, which cannot be so well done in the erect or sitting posture as in the recumbent. This bone (the humerus) is the one in which the artificial joint most frequently occurs, and in which the usual methods of cure have most signally failed. In reflecting upon these facts, it has occurred to Dr. B. that both these accidents were to be imputed to our mode of treating these fractures; splints are firmly bandaged on, which, with the weight of the limb below the fracture, prevent the muscles drawing the lower fragment up, and causing it to make the requisite pressure against the fractured end of the upper portion—in which opinion he has been fully confirmed, when, finding at the end of several weeks there was no union, the impending evil has been immediately obviated by applying an apparatus which caused the fractured ends to press one against the other. He believes that this method of treatment will effect a cure in most cases of un-united humeri, even of long standing.

In compound fractures, union takes place by the second intention, which does not usually commence, or is not appreciated, until the external wound is nearly or quite closed. Dr. B. remarked that the starch bandage, the gutta percha splint, and probably the gypsum bandage, as recommended by Dr. Mathysen (which he had never tried) will no doubt be found better than the leather splint which was resorted to many years before anything was known of even the starch bandage, or the "dextrine," as recommended by Prof. Van Buren.

Dr. Batchelder exhibited a specimen from Dr. Finnell's collection, of ununited fracture of the radius and ulna, which beautifully illustrated the manner in which the ligamentous union is formed.

Dr. Finnell remarked that the man to whom the ulna and radius referred to by Dr. Batchelder, belonged, had good use

his arm. In St. Vincent's Hospital he had often found it essary to use stimulants freely. He approved of electricity.

Dr. Phelps observed that all present must conclude that the main point in practice was to secure a certain amount of inflammation in the ends of the bone before union could be produced.

Dr. W. Parker said that the question seemed brought to two points: 1. Where there is union by ligament; and 2. where there is a false joint. So long as the inflammation is mild, there is no union. Again, there is such a thing as too much inflammation. Diarrhœa, lactation, burns, suppuration, &c., may prevent union. A physician of this city who had a fracture and an injury of the brain was severely salivated, and no union took place until the salivation ceased, at the end of thirteen weeks. The system must be brought to the ordinary standing point, by correcting it if deranged, and bringing it to a proper tone. But in a false joint, an operation must be performed.

Dr. McNulty presented an instrument for the purpose of introducing a platinum wire between the ends of an ununited bone, by means of which he proposed to pass a galvanic current to act as a cautery, and thus produce inflammation and union. Dr. McN. was requested to give the history of the cases in which he might try it.

Reviews and Notices.

New Elements of Operative Surgery. By A. L. M. Velpeau, Surgeon of the Hospital *La Charite;* Member of the Royal Academy of Medicine; of the Institute, &c. &c., in three volumes, with a Treatise on Minor Surgery. Illustrated by over two hundred engravings, incorporated with the text, and an Atlas in quarto of twenty-two plates. Translated, with additions, by P. S. Townsend, M. D., under the supervision of, and with Notes and Observations, by Valentine Mott, M. D., Professor of the

Operations of Surgery, &c. &c., in the University of New York; Foreign Associate of the Academie Royale de Medecine of Paris, &c. &c. Fourth American edition, with additions by G. C. BLACKMAN, M. D., Professor of Surgery in the Medical College of Ohio; Surgeon to the Commercial Hospital, etc., etc. New York: S. S. & W. Wood. 1856.

The second volume of PROF. BLACKMAN'S new edition of Mott's Velpeau is devoted to the Operative Surgery of the Venous, Lymphatic, and Nervous Systems; Amputations; Exsection of Bones and Joints; Trephining; Tumors and Ophthalmic Surgery. Under the head of the Nervous System, we find several cases reported, in which portions of nerves have been exsected for the relief of obstinate neuralgic affections. The operators were M. HYSERN of Madrid, M. SEDILLOT of Strasburgh, DR. WARREN of Boston, and PROF WILLARD PARKER of New York. The following note by PROF. B. on the union and regeneration of a nerve, is not without interest:

Some two inches of the median nerve were removed by Professor Parker of this city, during the extirpation of en uncephaloid tumor from the arm, with which the nerve was inseparably connected. The paralysis resulting from this occurrence, in a few weeks began to disappear, and at length the use of the arm was perfectly regained. The exsect co-portion of the nerve had doubtless been regenerated, the possibility of which has been proved by the observations of Cruikshank, Haighton, Fontana, Monro, Michælis, Meyer, Tiedeman, Prevost and Swan. True, the restoration of the functions of a paralysed limb has been otherwise explained by Reil, Sœmmering, Breschet and Jobert. According to their views of the subject, this change is to be attributed to the influence of anastomosing branches, rather than to a direct union of the main trunk of the divided nerve, but Meyer succeeded in tracing the uniting medium, by subjecting the intermediate cicatrix to the action of nitric acid, and proved that this medium was composed of the nervous filament itself.

In some instances however after the division of a nerve, it seems doubtful if union takes place in the manner above mentioned. An interesting case is related by Mr. Fergusson (Pract. Surgery, 3rd Lond. Ed. p. 287.) in which he assisted Dr. Simpson of Edinburgh in an attempt, by an operation, to re-establish the continuity in a divided median nerve. In this instance, a small tumor had formed on the upper extremity of the cut nerve, such as is seen, occasionally, after amputation, and its removal required the exsection of about one inch in the median nerve. The divided ends were brought as nearly as possible into contact, but some years elapsed before any

material increase occurred in the temperature and sensibility of the parts supplied by this nerve. On the same page he relates another case, in which he divided the median nerve, for the relief of the pain produced by a tumor, about the size of a hazel nut, in the palm of the hand, and which was supposed to be a growth in the substance of one of the branches of the median nerve. The simple division, in this case, did not effect the desired object.

Amputations.—In the text, M. Velpeau comments among the contra indications Pulmonary Phthisis, organic lesion of the heart, and other internal organs, as even after the removal of the limb a disease is left behind of such gravity that death will almost inevitably soon follow. From Prof. Blackman's note on this subject, however, it would seem that Mr. Velpeau has of late somewhat modified his opinion in reference to the co-existence of pulmonary disease:

When the tubercular disease of the lungs coincides, as is frequently the case, with that of a joint, amputation is generally regarded as an unjustifiable operation. The diseased joint in these cases is supposed to act as a safety valve, warding off or keeping in check the internal affection. But, as Sir Benjamin Brodie remarks in the last edition of his work "*On the Diseases of the Bones and Joints,*" visceral diseases, which were previously in a state of inactivity, may assume a new form, and make rapid progress under the depressing influence of the articular malady, and under these circumstances an amputation may prolong life, perhaps for several years. He relates a case in point. A young woman, affected with strumous disease of the joint, had, also, a troublesome cough, purulent expectoration, &c., on which account Sir Benjamin did not deem an operation advisable. As the pain became insupportable, the patient earnestly implored him to amputate the limb, to which he finally consented with reluctance. The stumps healed readily; the pulmonary symptoms soon subsided, and four or five years afterwards she was in good health. M. Nelaton, in his "*Elemens de Pathologie Chirurgicale,*" tom. II. p. 227.) refers to a case in which M. Velpeau amputated, notwithstanding M. Andral and several other physicians had diagnosed tubercular disease of the lungs. Two years afterwards the patient was in the most perfect health. The testimony of Mr. James, of Exeter, is to the same effect.

In the former Edition, Dr. Townsend introduced some lengthy observations on Conservative Surgery, claiming as one of the greatest triumphs of modern surgery, the reluctance of Surgeons to undertake an amputation; limbs which formerly were condemned, are now saved, especially since the true pathology of diseases of the

joints has become better understood. On this subject PROF. B. remarks:

The practice of making free incisions into diseased joints is now somewhat extensively resorted to, in consequence of the efforts of Mr. Gay of London, and will doubtless be the means of saving many limbs from amputation. We have seen several instances in which this plan has been adopted, and the results were indeed most gratifying. To Mr. Gay, however, does not belong the credit of originating this practice, as may be seen by referring to the Appendix in the last edition of Cooper's *Surgical Dictionary*. It will there be found that Professor Trowbridge, of our own country, has long been accustomed to treat morbus coxarius in this manner, carrying his incisions between the gluteus maximus and medius muscles, down to the bone, and laying open the joint. He has thus opened the joint in all stages of the disease, and speaks confidently of the safety and utility of this method of treatment. Again, the exsection of many diseased joints which were formerly doomed to amputation, now obviates the necessity of this sacrifice to the patient, and even true anchylosis of the large joints may be remedied by a resort to Barton's operation. But this matter will be more particularly noticed under the head of the *Exsections*.

The question as to the best substitute, after the loss of a limb, is one to which the practitioner is not always prepared to reply. As regards the lower extremity, Prof. B. has no hesitation in giving the preference to the invention of B. Frank Palmer, which he looks upon as "one of the greatest triumphs of American Surgery." Several wood cuts are given to illustrate the internal mechanism of this admirable invention, and rules are laid down to guide the operator in selecting the most suitable point so as to afford the best and most serviceable stump. But we must not dwell on this topic, and we proceed to the examination of Prof. B's notes on the Exsection of Bones.

In reference to that terrible operation, the removal of the entire lower jaw, which we have seen performed by Prof. B. himself, we find the following:

Dr. Geo. McLellan removed the entire lower jaw, in a state of necrosis. "In a few weeks the periosteum secreted a new and slender plate of bone, which kept the chin prominent, and maintained a tolerable shape of the original entire circle of bone, from joint to joint, on each side. The angles were very obtuse, indeed, almost deficient, but the little girl grew up to become a fine looking woman with a very narrow lower jaw, and deficient teeth below. Some of my friends thought I must have left a thin plate of sound bone be-

nd at the time of operation; but they were mistaken." (*McLel-n's Surgery*, p. 357.) Dr. M. insists on the importance in such ases of leaving as much of the periosteum as possible, in order hat we may have a regeneration of osseous, instead of ligamentous natter. Mr. Stanley has reported a similar case which came under his care at St. Bartholomew's Hospital. Dr. Ganwesky, of West-phalta, in September, 1838, removed the entire lower jaw for necro-sis, and a new jaw was partially formed afterwards, which was not very useful in mastication, but, nevertheless served to prevent any disfigurement. (Hatman's *Med. Journal*, Leipsic, Vol. XXXIX, No. V.)

"The entire lower jaw has also been removed, for necrosis, by Heyfelder, Mr. Perry, Dr. Carnochan, M. Maisonneuve, of Paris, and Pitha, of Prague. Mr. Cusack, of Dublin, informed the writer, June 2d, 1853, that some fifteen years before, he had, for osteo-sarcoma extirpated the entire bone, and that the patient died a week afterwards, during his absence from town, in a supposed epi-leptic fit. In Prof. Syme's "*Contributions to the Pathology and Practice of Surgery*," page 21, is the report in which this surgeon removed the entire lower jaw for osteo-sarcoma. The patient died suddenly the next day, as was supposed from suffocation produced by the retraction of the tongue."

"In 1850, Prof. Ackley, of Cleveland, removed the entire lower jaw, for osteo-sacroma, and the patient survived the operation some two years. We have seen the removed bone, now in his pos-session.

"Dr. Signoroni, of Padua, on the 27th Sept., 1842, exhibited to the Medical Congress of Padua a patient in perfect health, from whom, by successive operations, he had for osteo-sarcoma extirpa-ted the entire lower jaw (*Annal Univers, de Medicine*, 1843, also, *Phil Med. Examiner*, Vol. VII, 1844, p. 96.)

"For many years, Walther, of Bonn, has had the credit of hav-ing successfully removed the entire lower jaw, and as his claims have recently been disputed, we are happy to be able to place before the reader the following extract from a letter of Dr. J. E. Webber to Dr. Perkins of this city. Dr. W. is a nephew of Walther, and is well known personally to many surgeons of this city. He thus writes: Suffice it to say that I myself am acquainted with eye witnesses, yet living, who saw the case before the operation—dur-ing the operation—and after the operation and subsequent recovery; and there is at this moment in the hands of the eldest son of Wal-ther, a distinguished physician at the capital of Bavaria, a written account, minute in its details, affording a complete history of the case; which report, written by himself, at the request of his father, a few days subsequent to the removal of the bone, will be published among the collected papers of Dr. Walther, which his family ar about giving to the world."

Dr. Mott informs us that there is now in this city an individual, whom he has examined, and who says that his entire lower jaw was removed by Mr. Hutton, of Dublin.

We think that Prof. B. is mistaken in the case referred to of Prof. Ackley's patient, for we witnessed that operation, and have the impression that a small portion of the ramus on one side was not removed.

Prof. B. is of the opinion that the danger from the retraction of the tongue in this operation has been underrated, several cases having been reported to him by the operators themselves, in which there can scarcely be a doubt that the sudden death of the patients was caused by this phenomenon. He thus gives his own experience:

This retraction of the tongue doubtless destroyed the patients of Messrs. Cusack and Syme, after the removal of the entire bone, and Diffenbach states, in his *Operative Surgery*, that he has witnessed this accident several times, and that one of his patients, the first evening after the operation, was nearly suffocated before discovered. In a case where we removed the symphisis, together with a great portion of each side of the jaw, our patient was nearly suffocated from this cause, and for some time afterwards this tendency to retraction of the tongue had to be narrowly watched. In another case, we took the precaution to secure the tongue before commencing the operation, yet the moment its attachments to the bone were severed, so great was the retraction that this patient was nearly suffocated. We have twice disarticulated the lower jaw and several times removed the symphisis and body of the bone, but have never lost a patient from the operation.

In his remarks on the removal of the upper jaw, we find Prof. B. again defending the claims of our countrymen:

As Prof. Syme still claims priority in this operation, we have thought proper, notwithstanding our author's dismissal of the question, to present the following facts:

"Dr. Jameson of Baltimore, on the 11th of November, 1820, removed an enormous fungoid tumor involving nearly the entire body of the maxillary bone. The carotid was tied as a preliminary measure. Full details of this case are given in the *American Medical Recorder*, Vol. IV., 1821, p. 222. Acompanying the report, is a graphic illustration of the appearance of the patient before the operation. Three months afterwards, he was in perfect health. In August, 1823, Dr. Alexander H. Stevens, of this city, removed a large portion of the upper jaw for a disease of the antrum, and seven years afterwards his was in perfect health. (Velpeau's *Surgical Anatomy*, with an Appendix, by John W. Sterling, Vol. II. p.

518, N. Y., 1830.) Dr. Stevens claims, and we believe justly, that he was the first to operate on the now established principle of cutting through the *sound* and not the diseased parts.

Dr. David L. Rodgers, of N. Y., in May, 1824, successfully removed the greater portion of the upper-jaw affected with osteo-sarcoma (*N. Y. Med. and Phys. Journal*, Vol. 3d.) Mr. Lizars of Edinburgh, in 1826, proposed the *entire* removal of the upper-jaw, and described at length the plan adapted to this purpose. (A System of anatomical Plates, &c., Part XX., 1826.) In December, 1827, he attempted to carry this plan into execution, for the removal of a medullary sarcomatus tumor of the antrum, but was obliged to desist on account of the hemorrhage. On the 26th of May, 1827, Gensoul, of Lyons removed the entire superior maxillary bone, with the whole of the palate bone. His patient recovered (*Letters Chirurgical sur quelques Malidies graves du Sinus Maxillair, &c.*, p. 18.) On the first of August, 1829, Mr. Lizars performed his second operation, which was completely successful, and yet, in the face of these facts, and those recorded by our author, we find Mr. Syme in 1848 using the following language: "In that year, (1829,) I proved, by the operation, the practicability of removing the upper-jaw, and established a plan of proceeding, which, without any alteration, except as to the subordinate details, has since been adopted by the profession!

Many surgeons have strongly condemned the operation in encephaloid disease of the upper-jaw, and Prof. B. relates a remarkable case in his own practice, in which he resorted to a different proceeding to arrest the growth of the tumor and to prolong the life of his patient:

In view of the discouraging results following the exsection of the upper jaw for encephaloid disease, a different operation has been tried both by Dr. Mott and myself. Both primitive carotid arteries were tied for the purpose of arresting the progress of the disease and prolonging the lives of the patients, and the effect has been most gratifying. Nearly seven years have elapsed since we performed this operation on a lad 13 years of age, affected with a disease of the antrum, of the malignant nature of which Dr. Mott, who saw the patient, had no doubt. There was an interval of three weeks between the operations, and the morbid growth, which distended the cheek, and protruded from the nose and mouth, at once became shrivelled, and soon disappeared. The young man is now in perfect health, and engaged as a clerk in a hardware store in this city. Within the last year he has been exhibited by Profs. Mott and Parker, to their classes in the University College, and the College of Physicians and Surgeons.

Although a century has passed since White removed the head and

upper part of the femar, for Hip Joint disease, and cured his patient, surgeons have been reluctant to repeat the operation. Of late, however, it has been revived, and the following facts collected by Prof. B. enable us to form some estimate of the value of exsection of the head of the femur.

A diversity of opinion seems to prevail as to the propriety of excising the head of the femur in cases of morbus coxarius. Mr. Syme denounces it under all circumstances. Sir Benjamin Brodie says, this operation should be performed "only in those cases where unequivocal advantage may be gained by it." Mr. Fergusson has performed it in at least four cases, and is of the opinion that under certain circumstances it may be resorted to with benefit to the patient, though he admits that thus far the experience on this subject in London has not been very satisfactory. Mr. Henry Smith, who has himself had an unsuccessful case, published some statistics of this operation, in the *London Lancet*, April, 1848. Of 16 cases which he had collected, in one half it had proved successful. In 3 of these, however, it was performed for a comminuted fracture of the joint by a ball, necrosis from an old fracture into the joint, and in one case for caries of the great trochanter and neck of the femur. The acetabulum is not always involved, as was supposed by Mr. Ford, and as is even yet maintained by Mr. Syme. This was proved in the case in which Mr. French operated, where the disease was of long standing; and even if the cotyloid cavity be involved, we may, as did Mr. Walton, with a gouge remove the carious portion; for this caries, Prof. Syme assures us, does not affect the bone deeply. Again, this part possesses far greater reparative powers than the head of the femur, and may, if but moderately affected, undergo a spontaneous cure. A recent writer on Surgery, Mr. Erichsen, observes, that if the head of the bone still continue in its socket, the operation should not be undertaken. Now, if this rule be strictly followed, it will seldom be performed, for cases of dislocation are beyond all question very rare. We know of no writer who has more satisfactorily established this fact than Dr. March, of Albany. In his paper *On Coxalgia*, in the *Trans. Amer. Med. Assoc.*, Vol. VI. 1853, he has collected evidence on this point sufficient to convince the most sceptical. M. Bonnet in his *Traite des Mal Articulations*, Vol. II., pp. 394, 400, has shown how frequently mistakes have been made in this matter, and Mr. Fergusson agrees with the writers alredy quoted, that spontaneous dislocations in coxalgia are very rare. In the spring of 1847, we saw M. Roux exsect the head of the femur. The patient was a little boy who sank in two or three days after the operation. The cotyloid cavity and the great trochanter were found in a carious condition, the upper extremity of the femur was inflamed and surrounded by numerous large abscesses in the soft parts. In this

case, the head of the bone, previous to the operation, was in its natural position. M. Sedillot, who is an advocate for the operation, states (*Traite de Med. Operatoire*, Vol. 1st, p. 512) that in 1850, he saw at Wurtzburg, in the hospital of M. Textor, a young man on whom this surgeon had operated some years before, and who walked and bore his weight on the limb without difficulty. We believe that Dr. Bigelow, of Boston, has had a case which terminated fatally, but Dr. Sayre has been highly successful, although a portion of the socket, in a diseased state, required removal. Through the politeness of Dr. S. we have had frequent opportunities of watching the progress of this case, than which nothing could be more gratifying or calculated to strengthen our confidence in the operation.

There are many other topics discussed by Prof. B. in this volume, which, did space permit, we should be glad to lay before the reader. Under the head of Trephining, in particular, we find statistics which must be of great importance to every practical surgeon. But we are compelled to conclude our notice of this volume, and in the next number shall examine the American Appendix, which completes Prof. B.'s contributions to the work. S. G. A.

Human Physiology. By Robley Dunglison, M. D., L. L. D., Professor of the Institute of Medicine, in Jefferson Medical College, Philad'a; Vice President of the American Philosophical Society, &c., &c. With 532 illustrations. Eighth edition, revised, modified and enlarged. In two volmes: pp. 1494. Blanchard & Lea, Phila., 1856.

It is well known that the learned author of "Human Physiology," in the numerous editions of his work which have appeared during the last twenty-five years, has aimed at nothing more than to make a judicious selection and arrangement of the various facts and doctrines widely scattered throughout the various monographs and treatises which have appeared on this subject. That he has succeeded, most admirably succeeded in his purpose, is apparent from the appearance of an eighth edition, and well may he remark, in his preface, that "the reception, which his undertakings have met with, has abundantly satisfied him that his labors have been far from fruitless." It is now the great encyclopedia on the subject, and worthy of a place in every physician's library. For sale by H. W. Derby.

The Dissector's Manual of Practical and Surgical Anatomy. By Erasmus Wilson, F. R. S., &c., &c. Third Am. Ed. from the last revised Lond, Edition. Illustrated with 154 wood engravings. Edited by Wm. Hunt, M. D., Demonstrator of Anatomy in the University of Pennsylvania, pp. 583. Blanchard & Lea, Phila., 1856.

This excellent Manual, by the distinguished author of "A System of Human Anatomy," &c., is too well known to require any praise at our hands.

The present edition, besides being much enlarged, is somewhat modified from the others. The new cuts are decidedly superior to the old ones, and add to the value of the work. It is just such a volume as the advanced student and practitioner require require to refresh their memories, or to aid them in their dissections. For sale by H. W. Derby.

Medical Jurisprudence. By Alfred S. Taylor, M. D., F. R. S., Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital. Fourth American from the 5th and improved London edition. Edited, with additions, by Edward Hartshorne, M. D., one of the Surgeons to Will's Hospital, pp. 697. Blanchard & Lea, Philadelphia, 1856.

It is announced in the Preface of the learned author of the above work, that considerable additions have been made to the present edition, amounting in the whole to upwards of one hundred pages. He also informs us that he has had the valuable assistance of the Right Honorable the Lord Justice Clerk of Scotland. The date of the author's preface is July, '54. The date of the Philad'a edition is 1856, and it has been the aim of the editor to incorporate all recent cases and decisions of importance. Next to the elaborate work of our own countryman, the lamented Becks, this has always been our favorite. For sale by H. W. Derby.

Clinical Lectures on the diseases of Women and Children. By Gunning S. Bradford, A. M., M. D., Professor of Obstetrics, Diseases of Women and Children, and Clinical Midwifery, in the University of New York. Third edition carefully revised and enlarged. New York: Samuel S. & William Wood, 389, Broadway, 1856.

We have read, with considerable interest, the various criticisms

on the Clinical lectures of Prof. Bedford, some of which were designed to be very severe, but we have failed to discover, after a pretty close examination of the work, that it deserves the censure which some reviewers have cast upon it. On the contrary we have been very much interested and instructed in following him in his familiar and easy style of presenting his cases to his hearers.

One strong evidence that the merits of the work are not few, and that they are appreciated, notwithstanding its many unfavorable notices, is found in the fact that the second edition is demanded so soon after the appearance of the first. For sale by H. W. Derby.

W.

Headaches—their Causes and their Cure. By HENRY G. WRIGHT, M. D., M. R. C. S. L., L. S. A., Fellow of the Roy. Med. Chir. Soc., Physician to the St. Pancreas Royal dispensary. New York: Samuel S. and Wm. Wood, No. 389 Rroadway. 1856.

In this little volume, Headaches are classed under their heads, viz: "Headaches in Childhood and Youth," "Headaches in Adult Life," and "Headaches in Old Age."

Under each of these divisions we find many suggestions of great practical utility, both in the diagnosis and the treatment of headaches. From the frequent occurrence of headache in every age of life, and the embarrassment often experienced by Physicians in attempting to trace out its cause and apply an efficient remedy, we are confident this unassuming work may be consulted with advantage by the most experienced practitioners. For sale by H. W. Derby.

W.

Progress of Medicine.

Pneumonia discussed in thirty-three Aphorisms.—The following condensed series of aphorisms are taken from the excellent work on Diseases of Nursing Children, by M. Bouchut.

Primary pneumonia, which is also called pneumonia d'emblee is rare in children at the breast.

Pneumonia usually follows simple bronchitis, or bronchitis complicating fevers, or acute febrile diseases.

Primary pneumonia is usually lobar.

Consecutive pneumonia is always lobular.

Lobular pneumonia is sometimes discrete, sometimes confluent.

The pneumonia of children at the breast is almost always double, and usually attacks both lungs.

Lobar or lobular pneumonia is observed under two anatomical forms, slightly differing as to structure; these are intra-vesicular and extra-vesicular pneumonia.

Intra-vesicular pneumonia, usually primary, leads to congestion and thickening of the walls of the cells of the lungs, with the formation of the internal plastic deposit, which constitutes the character of red and grey hepatization.

Extra-vesicular pneumonia, always consecutive, only produces congestion and thickening of the walls of the pulmonary vesicles without fibrinous plastic secretion in the interior of these vesicles.

Chronic pneumonia, more common in the infant at the breast than in the adult, is always lobar.

Pneumonia often engenders the formation of fibro-plastic miliary granulations in the interior of the cells of the lung, in lymphatic and scrofulous children, or in the issue of parents tainted with scrofula.

The development of lobular pneumonia is favored by the crowding of children in the wards of a hospital.

Ordinary and frequent cough, accompanied by fever and anhelation, should make us fearful of an invasion of pneumonia.

Expiratory groaning and jerking respiration is a certain sign of the existence of confluent lobar or lobular pneumonia.

Panting respiration, accompanied by a continual movement of the nostrils, is a sign of pneumonia.

Dullness of the chest is generally but slightly defined in the pneumonia of children at the breast.

When dullness of the chest exists in a young child with a very bad cold, pneumonia should be feared.

Dullness confined to one side of the chest in a young child rather indicates pleurisy than pneumonia.

The subcrepitant rale which accompanies the cough, the fever, and anhelation, confirm the diagnosis of confluent lobular pneumonia.

Bronchial respiration, which is rare in children at the breast, always belongs to lobar pneumonia, and sometimes to confluent lobular pneumonia.

Bronchophony, that is to say, the resounding of the cry, indicates that pneumonia has arrived at its last stage.

The exaggerated vibration of the thoracic walls at the time of the cries, indicates pneumonia, whilst their absence, on the contrary, points out the existence of pleurisy with considerable effusion.

The acute or moderate fever, at first continued, presents numerous exacerbations in the course of pneumonia.

Primary pneumonia, or d'emblee, is less severe than consecutive pneumonia.

Pneumonia consecutive to simple pulmonary catarrh is often red.

Pneumonia consecutive to measles, scarlet fever or small pox, is very serious disease.

The pneumonia of children at the breast is, especially, a serious disease, in consequence of the complications which proceed or follow its development.

The pneumonia of children at the breast has a great tendency to pass into the chronic state.

The pneumonia which is consecutive to the development of fibroplastic miliary granulations, or to tubercular granulations, is usually fatal.

Expiratory, groaning and jerking respiration, accompanied by movements of the nostrils, announce that the life of the child is in great danger.

The swelling and œdema of the hands, or of the feet, which comes on in the course of pneumonia, indicates an approaching death. (Trousseau.)

The return of the secretion of tears, which has been suspended in the attack of pneumonia, is a good augury for its favorable termination. (Trousseau.)

One or two leeches at short intervals, several blisters in front of the chest, and doses of ipecacuanha, are sufficient for the cure of simple acute pneumonia.—*Virginia Medical Journal.*

The statistics recorded in the following article, conflict so strongly with the experience of British and American practitioners, that were it not for the high position of M. Trousseau, we might feel disposed to question the nature of the affection which he denominates Croup. G. C. B.

On Tracheotomy in the last stage of Croup.—By M. Trousseau, Physician to the Hotel-Dieu.

(Medical Times and Gazette, January 5, 1856.)

After some preliminary remarks, M. Trousseau proceeds:

"I am firmly decided, for my part, not to be discouraged, but to advocate tracheotomy with so much the more conviction as the proportion of successful cases increase; and if that proportion remained even as it was ten years ago, I would still proclaim the necessity of tracheotomy, and I would not cease to uphold it as a duty, a duty as imperious for a surgeon as the ligature of the carotid artery after a wound of that vessel, even if death followed the operation as often as the cure.

"Here are the results of my operations for tracheotomy during the year 1854: I operated on nine children. Of these, two died, while seven were cured, and are now living in perfect health.

"Certainly the proportion of cured is not always so great; still, if I make the sum total of the operations I have performed in the last four years, I find twenty-four operations, and fourteen cures, equivalent to more than half.

"At the Hospital des Enfans Malades, in the last five years, the proportion of cures has been nearly a quarter. Here are the official numbers, viz:

1850 .	20	operations .	6	cures,	about 1-3d.
1851 .	31	"	12	"	more than 1-3d.
1852 ·	59	"	11	"	less than 1-5th.
1858 ·	61	"	7	"	only 1-9th.
1854 ·	44	"	11	"	only 1-4th.
Total	215	"	47	"	about 1-4th.

"This result is considerable, if we remember the social condition of the children who are brought to the hospital, the deplorable treatment they are subjected to by 'sage femmes,' quacks, etc.; in a word, those persons the poor generally consult in preference to doctors. We should bear in mind, too, the unfavorable condition of the hospital, where the children operated upon are placed in the midst of the most varied and fatal contagion; so much so, that often when the operation for tracheotomy is succeeding as well as could be desired, the scarlet fever, measles, small-pox, or hooping cough, cause the most fearful complications.

"I do not doubt that half the operations performed out of hospital are successful, always provided tracheotomy takes place when the chances of cure are possible.

"This restriction is important; for, if the diphtheritic infection is thoroughly rooted in the system; if the skin, and particularly the cavities of the nose, are invaded by this special phlegmasia; if the quickness of the pulse, delirium, prostration, indicate a profound poison, and if the danger is rather in the general state than in the local lesion of the larynx or of the trachea, certainly the operation should not be tried, for it is invariably fatal; when, however, the local lesion constitutes the principal danger of the disease, no matter at what degree asphyxia has arrived, even if the child has but a few moments to live, tracheotomy succeeds invariably, as well as though it had been tried three or four hours sooner."

Then M. Trousseau speaks of the mode of operating, and of the necessity of using a double canula; and after this he proceeds to speak of the after-treatment. Upon this last subject his remarks are of extreme importance, and we copy them without abbreviation.

"The operation once performed, the first duty of the practitioner is to see to the nourishment; that remedy, above all, is essential in most acute maladies, and particularly in diseases of children. Certainly, abstinence, prescribed by Broussais, and ordered by those

practitioners who still cling to the old school, and who keep up the prejudices of their early medical education, is one of the most pernicious helpers of disease; it is the best means of prolonging the infection of the system, and surest way of facilitating the absorption of exterior miasma and vicious excretions formed by the malady; the surest opponent of that resistance which is the chief aid of convalescence and ultimate cure.

"Now, I do not mean that we must fall into the opposite extreme, that we must overfeed the little patients; I only say, that we should satisfy the appetite, if they have any, and even force them to eat, if they show too much repugnance to food. Do not hesitate in employing intimidation; in this case often have I assumed the air of severity, and obliged the child to eat, thus preparing the way to a cure I otherwise judged impossible. Milk, eggs, custards, chocolate, and soups are the aliments I most insist on. What I have here urged, sufficiently indicates that I most formally proscribe the continuation of those means judged more or less useful before the operation, viz.: calomel, alum, emetics, and purges, which are not compatible with the nourishment I advise.

"I need not add, that the application of blisters would be pernicious, inasmuch as they would establish a new surface when the specific inflammation would break out, and thus occasion a fatal absorption, which must be avoided at any risk.

"When this happens, as it often does, after blisters have been applied, we must as soon as possible dress the wound with extract of rhatany or Goulard's cerate, or else rub it with nitrate of silver, if diphtheritic concretions already cover the skin which has so uselessly been laid bare.

"I now come to the details of dressing, to which I seem to attach so much importance; but the older I grow the more I am convinced that in medicine, the minutiæ hold a much more considerable place than is generally supposed. Great care must be taken in placing between the skin and canula a round piece of oiled silk, or india-rubber, in order to prevent the sides of the canula, and the strings which attach it, from irritating the wound.

"The patients must be taught to remove and replace the internal canula, which is to be cleaned every two or three hours.

"The child's neck must be enveloped in a knitted woolen scarf or large piece of muslin, so that he breathes in through the tissue which covers the neck, and inhales the warm air impregnated with the moisture furnished by the breath. This precept is excellent; we thus avoid the drying of the cavity of the canula and of the trachæ; we prevent the irritation of the mucous membrane, and the formation of hard scabs, analogous to those which form in the cavities of the nose of persons attacked with coryza—scabs which, detaching themselves in complete tubes, or in fragments of tubes, cause terrible fits of suffocation, and sometimes even death, by the occlusion *of the canula.*

"Before Dr. Guersant and I had adopted this method, we lost numbers of patients by catarrhal pneumonia, and now this result is much less frequent. It is very probable that the introduction of hot and moist air into the bronchi is quite a favorable condition. There is still a practice, without which the cure is rare: I refer to the cauterization of the wound. The first four days the whole surface of the incision should be vigorously rubbed with nitrate of silver once a day; thus we avoid a serious result. I mean the diphtheritic infection of the wound which covers itself with thick and fetid false membranes. A specific inflammation seizes the surrounding cellular tissue, and developing often a bad species of phlegmonous erysipelas, which becomes the occasion of local gangrene, and at last of a violent symptomatic fever, and of a general infection almost always fatal. The fifth day the surface of the wound is so modified that the results above indicated are no longer to be feared. There now remains a last and very delicate part of the treatment, to which I wish to call attention for an instant—I refer to the removal of the canula and the definite occlusion of the wound. We must establish the fact that the sooner the canula is removed the better. This can rarely be done before the sixth day, as it is seldom necessary to scar it later than the tenth. However, there are cases when the larynx remains completely shut during fifteen, twenty, and even forty-four days, as I saw in the case of a young girl eventually cured.

"At the end of the first week we must remove the canula, taking care not frighten the child or make it cry. The poor little sufferers are so accustomed to breathe with ease by artificial means, that when the canula is removed, in order to facilitate the passage of the air through the larynx, they are seized with excessive fear, expressed by agitation, cries, and in consequence there is an acceleration of the breathing. The larynx is still a little obstructed either by false membranes, by mucus, or by a slight tumefaction of the membrane; and then, perhaps, the larynegal muscles have lost the habit of contracting in harmony with the wants of respiration. There often results great difficulty from this circumstance. This difficulty disappears well enough in the great number of cases, if we succeed in tranquillizing the little patient: this is the province of the mother rather than the practitioner. The wound is closed with short strips of court plaster. If the sound of the cough or the respiration, or the nature of the voice, indicate that the opening of the larynx is sufficiently large, we leave the dressing there; but if the air only pass in insufficient quantity, the plaster must be put on; the wound should only be covered with linen and simple cerate, and we wait the next day before closing the wound; if the air do not pass at all, then we replace the canula, and, two or three days later, make the attempt again.

"So soon as the respiration proceeds well, notwithstanding the occlusion of the wound, we should renew the dressing two or three

On Carbuncle and Boil. By Mr. Syme, Professor of Clinical Surgery in the University of Edinburgh.

(Lancet, March 8th, 1856.)

"Carbuncle," says Mr. Syme, in a Clinical lecture, "is a circumscribed, inflammatory condition of the true skin. It begins with a small red point, which gradually and rapidly extends with a peculiar tingling and pungently painful sensation, much greater than might be expected from the degree of morbid change apparent to sight. The skin becomes loosened in its texture, and swollen, so as to be an inch or an inch and a half in thickness. Small yellow points appear on the surface, and are presented by a section of the dermoid texture, interspersed in the interstices of its substance. These local changes are attended with a more than corresponding amount of constitutional disturbance, the patient being unable to sleep or eat, having an anxious expression of countenance, and presenting all the characters of excessive irritation. If the evil be permitted to pursue its course, it terminates in sloughing of the affected skin, and either death of the patient from exhaustion or a very tedious recovery from the loss of substance which has been sustained. All sorts of internal remedies and local applications have little or no control over a carbuncle, and the only effectual method of cutting short its advance is to make a free crucial incision completely through the whole extent of inflamed skin. Immediately upon this being done the redness disappears and the pain ceases, the constitutional disturbance soon subsides, and the affected skin, unless already deprived of its vitality, quickly resumes its natural thickness and healthy action, so as to remove all obstacle from the healing process.

"Reason and experience being so decidedly in favor of the practice here employed, I should consider it unnecessary to say a word now upon the subject were I not aware that the most erroneous ideas in regard to the pathology, as well as treatment of the disease, are extensively diffused; and as my duty is not merely to inculcate what seem to me sound principles of practice, but to counteract and extirpate the misleading notions which you may have elsewhere acquired, I deem it necessary to warn you against the four following errors, which are very generally entertained and which may, perhaps, in some measure, account for the large number of deaths connected with carbuncle in some bills of mortality.

"In the first place I beg to remind you that the disease is not subcutaneous, but seated in the skin itself. Secondly, that the object of incisions is not to allow room for the escape of matters confined under the skin, but to extinguish the inflammatory action, through discharge of blood and the relief of tension, by dividing the texture in which it is seated. Thirdly, that the application of caustic is the extreme of absurdity, since it directly insures what the great object of treatment should be to prevent, and by destroying the skin affected, instead of restoring it to a healthy condition, neces

sarily protracts recovery, and renders it less perfect. Fourthly, and lastly, I beg to warn you against giving the patient wine and nourishing food, or employing local applications of a stimulating kind, so long as the inflammatory tendency continues in operation.

"It may here not be out of place to say a few words in regard to boils, which are very nearly connected with carbuncle. Like it they are seated in the skin, begin by points so small as to be hardly perceptible, and extend from the centre in a circumscribed form, with local and constitutional symptoms of disturbance greatly disproportioned to their extent. They are distinguished by restricted to a smaller size, by presenting a more convex surface, and by tending to suppuration rather than to sloughing. It is true that they contain a white substance, named their core, which looks like and is often mistaken for merely dead cellular substance, but is chiefly the result of a morbid deposition. Fomentation and poultices may soothe the uneasy symptoms proceeding from boils, but the only effectual mode of checking their progress is to make a free crucial incision through the whole extent of inflamed skin which constitutes their base. It is often said that 'opening' boils does no good, and this may be true, since the incision, like that for the remedy of carbuncle, must be directed, not with a view to evacuation, but to free division of the affected skin. The opinion generally entertained at present is, that boils should be allowed to pursue their course, under palliatives, with a liberal diet, and patients are frequently met with who have suffered for months, or even years, from their successive formation. Now it seems to me that nothing can be more injudicious than such a procedure; since each boil, instead of being extinguished by a timely incision in its infancy, is allowed to go through the whole of its irritating course with attendant constitutional disturbance, which, instead of benefiting the patient's system, must increase its derangement and liability to similar formations. Between two and three weeks ago a medical man of great respectability in this city called upon me, complaining of a boil upon his arm, which he had been poulticing, and did not wish to remedy by incision. Two days afterwards I was asked to visit this gentleman, found him in bed, and was told that he had been deprived of sleep throughout the preceding night by a large boil on his haunch, which, if allowed to pursue its course, threatened to produce a great amount of distress, and seriously to disturb his health. Having been requested to do what seemed best, I made a free crubial incision, and restricted the diet to milk and farinaceous food. Next day I found the patient down stairs, sitting in his library perfectly comfortable, as he had been ever since submitting to the incision. I have no doubt that if the system at present in fashion had been pursued in this case, my friend, instead of enjoying perfect health, would now have been fairly entered upon a course of annoyance no less distressing than unlimited in its duration."

[*Note.*—We have had some considerable experience in the treat-

ment of carbuncle, and we know, positively, that our patients have derived the greatest benefit from the use of caustic potash, notwithstanding Prof. Syme's assertion, "that its application is the extreme of absurdity." The relief of tension, and discharge of blood, in our practice, has failed alone to subdue the morbid action, and it was not until the caustic had been very freely applied, that improvement was manifested. Our rule is, in addition to the incisions, to convert the whole of the diseased cellular substance into a saponacious compound, and to extinguish the inflammatory action by means of stimulants—quinine, a generous diet, &c.; and we cannot too strongly recommend this mode of treatment. B.

Vitis Vinifera Radix, as a Diuretic.—GENTLEMEN:—From a considerable experience, I have found the Grape-vine Root to be one of the best diuretics known to me. Scarlet fever has been in my section for some length of time, having many cases of genuine *Anasarca* to treat as a sequel of that disease, I have given the Grape-vine Root a fair trial. In a number of cases nothing else prescribed, the water moving off rapidly.

I have the root procured, and then placed upon a heated oven-lid, and there burnt into ashes.

℞. Two table-spoonsful of the ashes, pour on a pint of boiling water. The patient drinks it *ad libitum*.

Another prescription often used—℞. Two table-spoonsful of the ashes, ʒii bitartrate potass., pour on a pint of boiling water. Taken *ad libitum*.

CASE.—A case of *Anasarca* of the lower extremities—the subject was a stout negro woman, *enciente* some months, a plethoric, robust, hearty woman. Her legs, thighs and left labia much enlarged. ℞. Grape-vine Root, two table spoonsful, bitartrate potass., ʒii. Pour on a pint of boiling water—patient took the above prescription, *ad libitum*, consuming about a pint a day, in less than five days the swelling had completely subsided.

I mention this case for the benefit of the young practitioner, as he is often at a loss how to treat such cases.

Very Respectfully,

A. H. SIMMONS, M. D.

BANKSTON, Monroe Co., Ga.

☞ PROF. EVE, in the description of a recent visit to N. Y. thus informs us of what he saw at Dr. Horace Green's office:

Catheterism of the air passages proposed by Prof. Green of the Medical College of New York, of course attracted us to that gen-

tleman, whose acquaintance we had the pleasure of making at Detroit. We found Dr. Green with an office full of patients, and the Doctor actively engaged in his unique operations upon the throat and air passages. He took great pains to explain the simplicity of the operation, and repeatedly performed it in our presence. We saw him inject a small glass syringe full of a solution of the nitrate of silver, of the strength of 25 grs. to the ounce, into the left bronchus of a nephew of President Van Buren, who got up immediately after the operation and walked about the room, evincing not the slightest concern. While the tube through which the injection was made was in the trachea, and immediately after the piston of the syringe had been pushed down, the patient was reqested to inapire air which he did, and those present could distinctly hear the fluid, yet in the tube, descending before the air into the lungs. Dr. Green contends, that the exquisite sensibility known to reside in the neighborhood of the glottis, and located by physiologists in the epiglottis, is not in this organ, which, upon the contrary, is almost insensible, but is precisely where it ought to have been for the function contemplated, at the entrance of the glottis. There is no sort of doubt about Dr. Green's operations, so far as the entrance of the fluid into the lungs or of the passage of a sponge probang below the vocal cords, if indeed there be any such thing, which Professor Leidy denies, we understand, in his demonstrations of these parts. Time must determine what, if any, advantage is the result to patients laboring under tubercle of the lungs from this method. The cases published by Dr. Green inspire hope, and this great pioneer in a forlorn hope should be encouraged to test the matter in full. God knows, and the tuberculous sufferers will testify, that medicine requires something more than it has yet been able to offer at this point.—*Nashville Journal.*

Iodide of Zinc in enlarged Tonsils.—Several years since my attention was called to the use of Iodide of Zinc in enlarged tonsils of a chronic character. A few cases soon presented themselves. in which the tonsil instrument would have been otherwise the resort as the only means of relief. But by the use of the repeated application of a solution of ten grs. of the salt to 31 of water, I have been able, in a large majority of cases, to overcome these chronic enlargements. Such were the fortunate results of the use of the remedy in these cases, that I was induced to try its efficacy in other cases.

I have since used it in ulceration of the Os Uteri. At first I used the solution and increased its strength. The result encouraged me in a perseverance in its use, and was decidedly better than usually follows the use of the nitrate of silver—in my hands at least. Instead of the solution, I now use the powder, by means of the hair pencil or a small piece of fine sponge on a probang and carried

through the speculum to the ulcerated spot. A few applications, with some days' interval, were all that have been necessary. The solution to the enlarged neck or lips of the uterus will be found a valuable local alterative.

To the ulcers of "nursing sore mouth," to the fauces in scarlatina, to foul ulcers upon the extremities, the solution has been very often followed by excellent results.

Time will not allow me now to give a report in detail of any one of the different cases in which I have used the Iodide of Zinc, but because I regard it, after considerable experience, as not only a valuable remedy, but preferable even to nitr. arg. in very many cases. I have thought proper in this brief article to call the attention of the profession to it, and hope that after such a trial as I have given it the result may be as satisfactory.—*Iowa Medical Journal.*

☞ The learned editor of L. Union Medicale, Amede Latour, thus passes in review some of the leading speakers at the Academy of Medicine. The uterine controversies gave rise to these graphic sketches. The Virginia Medical Journal, for August, to which we are indebted for a translation, presents its readers with the following well-timed prefatory remarks:

Whatever touches the uterus, medically speaking of course, has the privilege of rousing the attention and interest of physicians and surgeons. The innumerable publications on this subject are always sure to find eager readers. The theme is apparently exhaustless, else it would long since have been exhausted. In the last thirty years, what frequent and terrible battles have been fought about the uterus! What has not been said or written about the poor organ? What has not been done to it above all? It has been cauterized with concentrated acids, potential salts, heated irons and galvanic contrivances of porcelain and platinum; it has been incised, impaled, injected, fumigated, mutilated, ligated, extirpated even; and all this for its own good, of course! We call women the weaker sex: we should like to know how the pretended strong sex would come out of such a course of delicate manipulation.

As discussions on uterine diseases have been mostly bitter polemics, so the treatises on the subject are chiefly of a controversial nature, filled with special pleading and exaggeration, and calculated to bewilder rather than afford information. The consequence is that the majority of young practitioners, at least, have either unsettled, or partisan views respecting this important class of affections.

As a kind of introduction we translate the following description of the academic orators, from the pen of Amedee Latour, the spirited editor of L'Union Medicale.*

*L'Union Medicale, vol. viii, No. 85

"Do you know that in this discussion there have been fourteen grand orations delivered by ten orators? My pen yearns to pass the speakers in review. But our profession in Paris has become so susceptible, so *touchy*, if I may be excused the expression, that I dare not venture on those innocent little criticisms which my readers used to receive so benevolently.

"What harm could it do, for example, for me to say:

"M. Depaul is an academician of great prominence, but he needs to habituate himself to those courteous forms of language which render criticism the more poignant as it is more polished. His talent for discussion is incontestible; but he would improve by giving more variety to his argument, by laying aside certain stiff and set expressions, by refraining from following his adversary sentence by sentence, by dwelling on important points and passing over details more rapidly. M. Depaul has one charming defect; he is young, he has time and opportunity to acquire more freedom in the tribune, greater facility in elocution, and more felicitous and appropriate forms of discussion. What his friends should urge upon M. Depaul is to bear contradiction calmly and patiently; this condition is indispensable at the academy, in anticipation of which, no doubt it was indited in scripture: *Deus tradidit mundum disputationibus eorum.*

"M. Malgaigne requires no advice. His discourses are always agreeable, spicy and keen; too keen, sometimes, for the austere accuse him of occasionally forgetting the precepts of charity and the rules of good taste. What I should like to correct in M. Malaigne is his declamation. He indulges in vocal outbursts, boisterous intonations, bursts of pulmonary thunder, which the placid subjects of discussion do not always justify. Whoever had entered the academy last Tuesday, for example, at a certain period of M. Malgaigne's speech, would have thought that he heard a vehement apostrophe against some new Cataline, and would have been greatly astonished on learning that the noisy eloquence was addressed only to the speculum. But apart from these little defects, which only prove that M. Malgaigne has not taken lessons in declamation like some of his colleagues that I could name, what pungency, what wit, what brilliant facility in the orations of this academician! What a marvelous aptness! Speech is to him like a docile instrument, which evolves the most varied sounds. He holds the audience for hours under the charm of that clear, accentuated elocution, now vehement, then sarcastic, here grave and lofty, there lively and biting, always correct, often elegant and redolent of that literary charm,

'Now-a-days, alas! so rare.'

"M. Paul Dubois, is, of all the academic orators, the one whose discourses are strikingly characterized by that extreme courtesy and

scrupulous politeness, the absence of which is elsewhere felt unpleasantly. That slow and unctuous utterance, that studied preference for the most prudent and reserved expressions, that constant care to use not a single word or gesture under the impulse of emotion, that visible solicitude as to the interpretation which may be given to his language, that obvious apprehension lest he may go beyond what he really wishes to say, all these impress a peculiar character on the discourses of M. Dubois. It is not always easy to seize the real thought of the skillful orator, under the triple veil which envelopes it—a soft and silken veil, strewn with charming ornaments, which seem placed artistically to distract attention, or to deaden the sting of a criticism which is very penetrating notwithstanding. Long before the recovery of anæsthesia in surgery, M. Dubois invented anæsthesia in criticism, that is, the precious art of mutilating the discourse or doctrines of an adversary beyond redemption, without giving him the slightest pretext for complaint or recrimination.

"M. Cazeaux is distinguished by opposite characteristics. As an orator he is perfectly parliamentary, but very sharp and decided. He comes at once to the gist of a question, without noticing preliminaries. His argumentation is searching and rigorous; he is positive order; he cares little for accessories and ornaments; he presses forward to the main issue; his criticism is straight-forward and plain; nothing is concealed or softened down. It is the old Gaulic manner, harsh perhaps, but frank and devoid of subtlety or malice.

M. Velpeau, of all the orators at the academy, is the one whose speeches show the least indications of labor and preparation. Always sure of what he wishes to say, the great surgeon pays little attention to the manner of saying it, and this carelessness of forms. which would be perilous for others, is in him attended by almost constant success in the tribune. Everybody loves the informality of his discourses, his familiarity, his readiness, the playful irony of his argumentation, and his biting and witty criticism. He can speak for a long time without wearying the auditory, such is his faculty of captivating the attention, without declamation or any artifice of rhetoric, simply by the resources of an argument always guided by good sense, and ever and anon enlivened by some sly jest. Not that M. Velpeau, does not debate with skill and adroitness, but there is nothing artificial in it; he is logical naturally, by the force of his keen intellect, without studying the rules of ratiocination.

Editorial.

☞ It will be observed that the name of Prof. Geo. C. Blackman appears, in the present number of the Lancet, as one of its editors. This is the result of his buying an interest in our Journal; which connects him inseparably with its future destiny. We can but congratulate our readers on the bright future that this arrangement promises for the Lancet. Few men have passed over a wider field of observation and experience, and few have accumulated a greater amount of knowledge, in their journeyings, than Prof. Blackman. His talents, experience, reputation and accomplished scholarship, peculiarly fit him for an editor of a medical journal, and it is with unfeigned pleasure that we present his name in this connection to our patrons. W.

☞ In our last number we reported a case, which illustrated the difficulties to be encountered in forming a correct diagnosis in injuries of the shoulder joint. In connection with this subject, we present to our readers, the confession of a distinguished French surgeon, M. Lenoir. It was elicited by the discussion which took place on the 13th of October, 1852, at a meeting of the Societe de Chirurgie. We translate his remarks, as published in the *Bulletin de la Societe de Chirurgie*, tom. iii, p. 180. G. C. B.

Remarks of M. Lenoir.—You are aware that we have two kinds of fracture in this region. One, and that the most common, through the surgical neck; the other, but rarely observed, through the anatomical neck. Now I admit nearly all that has been said about the facility of detecting a fracture through the surgical neck, and the value of the proceeding adopted by M. Richet, for reducing the dislocated head of the bone. In this accident, the upper fragment presents a certain volume, and something tangible, to aid us in our exploration and reduction. But I deny that a fracture through the anatomical neck may be so readily detected. I deny that, in such a case, the head of the upper fragment can be grasped with facility, beneath the soft parts which envelop the shoulder, and I assert the impossibility of returning, by lateral pressure, the luxated bone into the glenoid cavity. I base my assertion upon two

cases, which I find recorded in the annals of science, and upon one which came under my own observation. The first of these occurred in the practice of my old master (Houselot *pere*), and formed the basis of the excellent memoirs published by Delpech, in his *Chirurgie Clinique de Montpelier*. The specimen should now be in the Museum of the *Val-de-Grace*, where it was deposited by Houselot. The patient was a hemiplegic old man, who fell out of bed, and died from the effects of the injury at the end of twelve days. The head of the bone was thrown backwards into the infra spinous space. In this case the existence of the fracture could not be detected during life. The second case is reported by Sir Astley Cooper, in his excellent Treatise on Fractures and Dislocations. The fracture was intra capsular, and the head of the bone was thrown in front of the scapula, to which it had contracted, as shown by the autopsy, osseous adhesions. The patient died several years after the accident. At the time, she was treated by Mr. Lucas, one of the surgeons of Guy's Hospital, who failed to detect the fracture. The third case occurred in my own practice. A woman aet. 88, by a fall on her shoulder, fractured the anatomical neck of the humerus. She died some five or six months after the accident, and at the autopsy, I found that the head of the bone had been thrown from the glenoid cavity, through a large rent in the capsular ligament, and that it rested, by its uneven surface, on the brachial plexus, its smooth and cartilaginous surface presented anteriorly, so that it had been thrown in a direction from above downwards.

Here, then, we have three cases of fracture of the anatomical neck of the humerus, complicated with a luxation of the head of the bone, and, in which, the concomitant luxation has been overlooked. Could this have been the result of inattention, or want of skill, on the part of the observers? Or, was it not owing to the fact, that, if not impossible, it is exceedingly difficult to form a diagnosis in these cases? A single glance at the symptoms by which such accidents may be characterized, will aid us in determining this point. In the first place they are produced only by extreme violence applied almost most exclusively, to the stump of the shoulder; such violence always gives rise to a considerable extravation of blood, tumefaction, and stiffness of the contused muscles; all of which circumstances are unfavorable to a thorough examination of a deeply seated fracture. Again, the deformity by which this accident is attended,

is scarcely perceptible. Indeed, when the head of the humerus is separated from the tubercles, the upper fragment still presents a certain volume, and if it remain in the glenoid cavity, the stump of the shoulder will be but little depressed. I ask, then, is it possible for the most attentive surgeon to detect this slight depression, while the soft parts are still swollen? Crepitus, a pathognomonic symptom of fracture, is here absent, or it may be indistinct, when the uneven surface of the lower fragment is brought in contact with the smooth, polished surface of the glenoid cavity. But the sensation thus produced is calculated rather to lead the surgeon to suppose, that, instead of a fracture, he has only a contusion to treat. Beside the symptoms already enumerated, we have the presence of the head of the done in the vicinity of the glenoid cavity; if detected. of course it will be the most positive test of the fracture and the luxation; but the tumefaction remaining for days after the accident will interfere with our examination, and, as the head of the bone is but of small size, may it not be so situated as to render it impossible for the most experienced surgeon to discover it? For these reasons, I maintain, that, in these cases, errors in diagnosis must often be committed

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The Winchester Medical College, Va., has reduced the number of its Professors to three. Generally but two, and never more than three lectures are delivered during the day. The Session commences on the first of October, and continues until May. The General Assembly of Virginia, in order, we suppose, that the supply of Doctors may equal the demand, has passed an act, in accordance with which, fifteen young men from the State of Virginia are admitted without charge. There is one feature in the arrangement of this Institution which meets with our most cordial approbation. For example, the diminution in the number of lectures during the day. Those who originated the present system of medical teaching, vastly overrated the capacities of the human mind for acquiring knowledge. We once knew a lawyer who boasted that he could "take in" ten pages of Blackstone at a glance, and sure we are, that an intellect *of less dimensions* cannot take in seven lectures, on different topics, on the same day. Some students may have "a

happy memory," but even they must have "an unhappy digestion."

Truly did the eccentric author of "The Doctor" remark: "the best compacted memory is like a sieve; more of necessity slips through than stops upon the way; and well is it, if that which is of most value be what remains behind." Who can doubt that the effect, of thus attempting too much in the four months usually allotted to medical lectures, must be to send forth incompetent practitioners, men who in every sense of the word, but little merit the title of "a learned profession." So long as the present imperfect system is maintained, we may hold our annual meetings, and resolve that we *are* a learned, a dignified profession, but such resolutions cannot enforce the homage or retain the confidence of the "*genus generallisimo*, the great general public." Have we not ourselves to blame that the latter so readily divide their patronage with the *orthodox* profession and the quack? From year to year, young men of ability find less and less inducement to engage in the study of a profession, a thorough knowledge of which can be acquired only by years of unremitting toil and sacrifice. Unless the standard of medical education can be elevated, and a more rational system of instruction adopted than now prevails, who can foretell how soon we must forfeit all claims to the honors and *privileges* awarded to the *liberal* professions?

But we have more to say upon this important topic, than our time and space at present will permit, and hope soon to resume its discussion. B.

Ligature of the Aorta!—Mr. South, of St. Thomas' Hospital, London, on the 21st of June last, tied the abdominal aorta to arrest the progress of a large aneurismal tumor of the right iliac artery. A miserable, unsatisfactory report of the case was published in the *Assoc. Med. Journal* for June 28th, seven days after the operation, in which the reporter devotes considerable space to the anatomical description of the abdominal aorta, but conceals from the reader the progress and final result of the case after the operation. The latter, however, may be inferred from the four previous unsuccessful attempts of Sir Astley Cooper, (1817); Mr. James, (1829); Mr. Murray (1834), and Dr. Monteiro (1842).

In the above instances, the patients survived the operation, the first, 40 hours; the second, 3 hours; the third, 23 hours; and the fourth is reported to have lived fifteen days. Mr. South's patient may survive the latter period, but, recovery certainly could not have been anticipated by the operator. The cases in which patients have survived for months and years after, the gradual obliteration of the abdominal and thoracic aorta, afford us no criterion by which to judge of the effects produced by the sudden obstruction of the vessel by ligature, and the operative proceedings required. B.

Prof. St. John, who has been long and favorably known as Professor of Chemistry in the Cleveland Medical College, has been appointed Lecturer on the same department in the College of Physicians and Surgeons of New York. By his withdrawal from the Cleveland School, the West has lost a strong man.

The Rhode Island Fiske Fund Prize has been won by a Southerner, Dr. Edwin Warren, of Edenton, N. Carolina. During the past five years it has also been given to another southern physician, the late Dr. Peebles, of Virginia. Dr. Warren's Essay is on the influence of pregnancy in arresting the progress of tubercular disease. We hope soon to have the pleasure of perusing it in some of our Journals. B.

☞ The Army Medical Board of Examiners, composed of Drs. Tripler, Jarvis, and McLaren, has been in session at the Newport (Ky.), Barracks for three weeks. Of 36 applicants, who received orders to present themselves for examination, we understand not 20 have appeared. The result of the examination has not yet been made known. Candidates, both for the army and Naval Medical staff, are now compelled to submit to a most rigid and impartial examination. According to a recent act of Congress. full Surgeons have the rank of Majors, and their pay is $165 per month. Assistant Surgeons rank as Captains, and receive $122 50 per month.

B.

Miscellaneous.

☞ Dr. T. G. Richardson, of Louisville, has accepted the invitation to fill the chair of Anatomy in the Pennsylvania Medical College, Dr. J. M. Allen having resigned. Dr. Middleton Goldsmith, for many years Professor of Surgery in the Castleton Medical College, Vt., has been appointed to the chair of Surgery in the Kentucky School of Medicine. Dr. J. La Conte, has resigned the Chair of Chemistry in the College of Physicians and Surgeons, N. Y. Prof. Willard Parker, of N. Y., has been elected to the post of Surgeon, in the New York Hospital, made vacant by the resignation of Dr. Cheeseman. A large number of the friends of the late Mr. Guthrie have determined to erect a suitable monument to his memory. Local anæsthesia, by means of carbonic acid gas, has been successfully tried by Dr. Finnell, of N. Y., in removing a diseased toe-nail. Prof. Simpson has used it with considerable benefit in painful conditions of the Vagina, uterus, &c. He uses a bottle with a flexible tube attached to the cork. The gas is generated by mixing the following ingredients: Acid Tart. ʒvi., Sod. Bi. Carb. ʒviii., Aq. ʒvi. The same practice had been previously adopted, by Dr. Dewes, of Phil. and Dr. Rossi, of Italy. Prof. Owen, the modern Cuvier, is now at the head of the Natural History Department of the British Museum. His salary is £500 per annum. Mr. Quekett is Prof. of Histology and Conservator of the Museum of the Royal College of Surgeons. A warm controversy is now raging between Drs. Henry Bennett and H. Tyler Smith, of London, as to the propriety and efficacy of the *caustic* treatment in uterine disease. Dr. Smith proposes that an obstetric congress be called to settle the matter.

Medical "Snobs."—The last number of the Philadelphia Medical and Surgical Journal contains some very pertinent and well-timed editorial remarks upon a certain class of men which the author denominates "*notoriety seekers.*" They are the pest of every community, but most especially of cities, where any considerable number of professional men are brought into competition.

A few quotations from the article to which we have alluded will indicate most clearly their generic classification. We have taken the liberty to add some italics, in order to indicate more prominently

the personage in our Medical Societies, and probably our readers will find no difficulty in recognizing the *thing* wherever he is met with.

"These gentlemen are by no means confined to politics; the genus is found in literary circles, scientific bodies, law associations, and *largely in medical societies.* In the latter they flourish hugely. The practice of the profession, allowing of little opportunity for such display, they spend days and money *to visit any gathering of medical men,* in order *to appear* 'on the minutes,' to offer a resolution, to thunder away at quackery—themselves the most arrant quacks.

This little noisy animal is sure to be seen wherever a new constitution is to be 'got up,' a set of medical ethics to be defended—or some friendless member of the body medical *is to be kicked out or insulted.* He delights in trying honorable men and insulting them, in *appearing as chairman* of some learned committee, *whose labor is performed by some modest unpretending member,* while the notoriety-seeker makes all the public blowing, and claims all the honor of the great movement, which originated, he says, with *himself.*

These fellows also congregate in parties and *cliques* of mutual admiration societies, and *prise each other to the echo.* We can predict with unerring certainty, after watching a few meetings of any public medical body, who will next figure as the magnus Apollo, who will be the Dii Majores, who the Dii Minores, and who the penates.

'Tis amusing to see the early struggles of this genus of animal for position. The least favor from the greater lights *is received with obsequious humility,* and at the same time, the bidding of these lights is scrupulously obeyed—a hint, a nod, a wink, sends a poor devil whom the Gods wish to damn, to eternal perdition. The slaves do their master's wishes better than he could himself—and when they have arrived at the so much sought for 'bad eminence,' they have their *pimps* and *agents* and act like Sir Oracle—when they speak let no dog bark.

These fellows foolishly imagine that by this dirty process they attain eminence in their profession. They attain notoriety—so does the man that is hung. No, true greatness feels the vanity of such toys, and looks to a higher source for the hearts and sympathies of man and God. Our public Medical societies are cursed by these notoriety seekers. Their voice is heard everywhere in public, and the true end and purposes of such bodies are 'missed and come short of' because of the ill jangling and *ill manners* of the notoriety seekers.

Reform it, brethren, reform it altogether. Smile the greatness of these little men into its legitimate nothingness, and let true science and worth be honored."

These "snobs," as we are disposed to call them are a disgrace to *the profession,* on account of their ignorance; their elementary edu-

cation not enabling them to arrange a half dozen sentences in grammatical construction. They may have a smattering of knowledge which has been drummed into them at the rate of five or six lectures per diem, for the space of three times three months, and if examined at *the close* have been allowed to pass into the profession. This nine months grinding in the professional mill, will furnish them with all the capital which an uncultivated brain can invest; and all that is required to make the full grown medical "snob" is vanity, perseverence and self-love. The result then of this nine months' gestation is at best an abortion.

But to "*reform* such men is asking too much of the profession." Medical men have no time to do the work of the country *schoolmarm*, or to give fireside parental instruction in manners. Besides it is hopelessly too late; for, although puerile, they are "too old to learn." They are beyond the reach of all the ordinary rules of teaching—even the sting of ridicule sheathed in the garb of friendship. Hence, in many circles where leisure and merriment meet, they are the "nuts to crack." And this very class of men is contributing, more than any other cause, to the success and propagation of quackery. The community mistake notoriety for a trustworthy reputation founded upon real merit; these men get into a business, and keep their patients just long enough to disgust them not only with their ill-manners, *horse luugh* and self-adulation, but their empirical dosing, leaving their minds susceptible to the garrulity of any old woman, whether she advocates little pills or the "*cold water system.*"

Nay, the work of reformation must be done outside of the profession; guard its portals, let elementary education in the sine qua non, "*duly qualified,*" the pass-word, and we should not be so much annoyed with *notoriety seekers.*—*The Medical Independent.*

Treatment of Erysipelas.—M. Velpeau gives the results of his treatment of 1000 cases of Erysipelas. He places the greatest reliance in *iron.* He employs the *proto-sulphate of iron* in solution, about twelve grains to the ounce of water—or as ointment, eight parts to thirty of lard. In forty cases in which this was exclusively used, the erysipelas yielded in from twenty-four to forty-eight hours. The ointment is more easily employed to some parts than the lotion, but is somewhat less efficacious. It should be applied about three times a day. The lotion should be applied by soft compresses or cloths kept constantly moist.—*Bull. de Therap.*

Treatment of Nocturnal Erections.—By M. Debout.—When these occur during the course of a gonorrhœa, or are produced by genital erethism in the young, M. Van den Corput recommends the following pills:—Extr. of belladon. 10 centigr., fresh lupulin, camphor, *aa* 60 centig. Divide into eight pills, from one to four to be taken towards the evening. The saccharate of lupulin always

succeeds, when given in sufficient doses, in the relief of the erections which are sympathetic of specific inflammation of the mucous membrane. A better combination than that of camphor and belladonna is formed with indian hemp :—Extract of indian hemp 5 centigrammes, recent. lupulin 1½ grammes, sugar 9.s,, for the trituration of the lupulin. To form two doses, to be taken in the evening at an hour's interval. As to the erethism of children, it is usually induced by ascarides in the rectum, and may be relieved by injections of cold water or of salt and water.—*Bull. de Therap.* Tom. XLIX. p. 360.

Diseased Supra-renal Capsules.—(Case under the care of Dr. Gibbon.)—[In the subjoined case, the discoloration of the skin was sufficient to lead to a diagnosis of diseased supra-renal organs; it did not, however, amount to a true bronzing. The disease found at the autopsy had only partially destroyed the organs, and was of such a character as might have been supposed to be in all probability of recent origin. The case is thus, as far as it goes, confirmatory of Dr. Addison's views.—J. H.]

The following narrative is from the pen of Dr. Gibbon, under whose care the patient died :

Edward Duncan, aged 52, a cabman, was admitted into the London Hospital, February 8, 1856, under the care of Dr. Parker, when the clinical clerk made the following notes : His parents died at an advanced age ; their other children are all well ; the patient has four children, all in good health; he has been ill and getting worse during the last six months. Complains of general weakness, loss of appetite, some cough, but no pain ; he has not had bowel complaint or night sweat ; is somewhat thinner than usual ; expectorates only a little mucus ; skin yellow ; cool, and moist ; sleeps a great deal, but awakes easily and completely ; respirations 24 ; left side of chest expands most freely, and on the right the vocal tremor is most distinctly felt, with prolonged expiration and some crepitus on the posterior part ; pulse 94, soft and weak ; heart sounds normal ; bowels costive ; tongue slightly coated with white fur. No tenderness on pressure of abdomen ; urine clear, no deposit, sp. gr. 1022 ; acid, no albumen. A variety of tonics were given, but none had the desired effect. He grew weaker and weaker. Had an attack of diptheritis of the mucous membrane of throat and fauces. When I first saw him and took charge of him a week before his death he was in a low typhoid condition, and was reported to be phthisical. After a most careful examination, I could detect no physical signs of disease ; the symptoms most resembled those of typhoid fever, but the symptoms indicating the cerebral oppression always present in continued fever were absent. From the anæmic condition, and the yellow-brownish appearance of the skin, which did not extend to the sclerotica, I guessed he had disease of the supra-renal capsules. Steel was given him as well as a very liberal diet, but he died from exhaustion.

Post-mortem Examination.—Skin universally of a yellowish color; no spots or blotches in the armpits. Great emaciation. Blood fluid in the heart and arteries. The lungs, heart, liver, spleen and kidneys were healthy. The supra-renal capsules were both of them of more than normal size, and when laid open were seen to consist of mere membranous bags, in the interior of which were shreds of disintegrated tissue. In the right a thin lamella of healthy cortical structure still existed in parts, but in the left the tissue of the organ appeared to be wholly destroyed.

Treatment of Small-pox Pustules.—Sir :—I beg leave to lay before your readers a mode of treating small-pox pustules on the face, which, so far as I have tried it in both varieties of that disease, has been attended with very happy results in preventing the formation of pits and scars.

My plan of treatment consists in the free application of rectified spirits to the pustules at intervals of about four hours from the time they have fully, or nearly fully, developed themselves.

The effect of the application is, the rapid hardening and drying of the contents of the pustules by congulation of their albumen.

The crusts thus formed become detached after a few days, leaving the subjacent skin smooth and unaltered, covered by a thin but healthy cuticle. The crusts in the confluent form of the disease separate in large masses, and the new cuticle continues to desquamate for many days after the pustule-crusts have disappeared.

I have not yet fully ascertained the effects of the application of the spirits of wine in arresting the development of the pustules, when applied early in the disease; but I hope to have shortly some cases to submit to your readers. I am, &c.,

26, Woburn-place. JAMES JONES, M. D., Lond.

—*London Medical Times and Gazette.*

DEATH OF DR. WILLIAM H. COBB.—We have seldom been more pained by any intelligence than we were a few weeks since by the news of the death of Dr. WILLIAM H. COBB, eldest son of our estimable friend, Prof. Cobb. This melancholy event took place in Missouri, where this promising young physician had gone to pursue his profession, and where he had already made many warm friends by his manly, upright deportment. Dr. Cobb was one of the most thoroughly educated young physicians in our country, and his early death is a real loss to our profession. Modest, gentle, ingenuous; free from every vice; with a clear, active, discriminating mind, a pleasing person and address, and a true love of science and letters, there can be no doubt that, if his life had been spared, he would have attained an enviable distinction. He was for several years a private teacher of medicine in Louisville, and was admired for his professional learning, and his clear, happy style of imparting instruction. Subsequently he was Demonstrator of Anatomy in the Medical College of Ohio, and during his brief connection with that school, he gave proof of his capacity to shine in a department of the profession in which his father has become so distinguished. We can conceive of few heavier calamities than the death of such a son, and we are sure that the parents of this gifted, amiable young physician have the sincere sympathy of that wide circle of friends in which his talents and virtues were best known and appreciated.—*Nashville Journal.*

UNIVERSITY OF NEW-YORK.

MEDICAL DEPARTMENT.

SESSION, 1856-7.

The Session of 1856-7 will begin on Monday, Oct. 13, and will be continued until the 1st of March.

COURSE OF INSTRUCTION.

The courses of lectures given will be on anatomy—general, descriptive, surgical, and pathological; principles and operations of surgery; materia medica and therapeutics; institutes and practice of medicine; obstetrics, the diseases of women and children, with clinical midwifery; chemistry and physiology; clinical surgery; clinical medicine; clinical lectures on the diseases of the genito urinary organs, clinical lectures on the diseases of women and children; clinical lectures on physical diagnosis.

FACULTY OF MEDICINE.

REV. ISAAC FERRIS, D. D., LL. D.,
Chancellor of the University.
VALENTINE MOTT, M. D., LL. D.,
Emeritus Prof. of Surgery and Surgical Anatomy, and Ex-Pres. of the Faculty.
MARTIN PAINE, M. D., LL. D.,
Prof. of Materia Medica and Therapeutics.
GUNNING S. BEDFORD, M. D.,
Prof. of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.
JOHN W. DRAPER, M. D., LL. D.,
Prof. of Chemistry and Physiology.
ALFRED C. POST, M. D.,
Prof. of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.
WILLIAM H. VAN BUREN, M. D.,
Prof. of General and Descriptive Anatomy.
JOHN T. METCALFE, M. D.,
Prof. of the Institutes and Practice of Medicine.

CHARLES E. ISAACS, M. D., Demonstrator of Anatomy.
GEORGE A. PETERS, M. D., Prosector to the Prof. of Surgery.
ALEX. B. MOTT, M. D., Prosector to the Emeritus Prof. of Surgery.

JOHN W. DRAPER, M. D., LL. D., President of the Faculty.

CLINICAL INSTRUCTION.

CLINICAL INSTRUCTION constitutes a prominent feature in the plan of education; and the unlimited resources of New York enable the Faculty to carry out the object which, to the practitioner, whether in surgery, medicine, or obstetrics, is the great end of medical study—namely, *familiarity with disease at the bed-side.*

1st. OBSTETRIC CLINIQUE every Monday, P. M., by Prof. BEDFORD, *for the Diseases of Women and Children.*
2d. SURGICAL CLINIQUE every Tuesday, P. M., by Prof. MOTT.
3d. MEDICAL CLINIQUE every Wednesday, P. M., by Prof. METCALFE.
4th. SURGICAL CLINIQUE, with the *Diseases* of the *Genito Urinary Organs* every Wednesday, P. M., by Prof. VAN BUREN.
5th. SURGICAL CLINIQUE every Saturday, by Prof. POST.

HOSPITALS, INFIRMARIES, DISPENSARIES.

These well known Institutions afford ample opportunities to the Student. Professors MOTT and POST are Consulting Surgeons, and Prof. VAN BUREN an attending Surgeon at the *New York City Hospital;* and Prof. METCALFE an attending Physician at the *Bellevue Hospital.*

PRACTICAL ANATOMY.

The study of Anatomy having been legalised by the Legislature, there will be an abundance of Material. The Demonstrator's Fee is five dollars, and the usual rates will be charged for the Material, to defray the incidental expenses, and to prevent waste.

MUSEUMS, APPARATUS, ETC.

The College is amply provided with all these facilities for Instruction.

FEES FOR THE WINTER COURSE.

Full Course of Lectures	$105
Matriculation Fee	5
Fee for Instruction by the Demonstrator	5

Graduation Fee, $30.

WESTERN LANCET.

EDITED BY T. WOOD, M. D.,
Professor of Anatomy in the Medical College of Ohio, etc., etc., etc.
AND
GEORGE C. BLACKMAN, M. D.,
Professor of Surgery in the Medical College of Ohio, etc., etc., etc.

No. 10.] CINCINNATI, OCTOBER, 1856. [Vol. XVII.

Original Lectures, Essays, and Communications.

On Dr. J. R. Freese's "Forceps versus Scissors, Sharp Crotchet," etc.—By B. F. RICHARDSON, M. D., Cincinnati.

The perusal of the case under the above caption reported in the August number of the Lancet by Dr. Freese of Bloomington, Ill., suggested to my mind the words of Curran, "Truth is to be sought only by slow and painful progress. Error is, in its nature, flippant and compendious; it hops with airy and fastidious levity over proofs and arguments, and perches upon assertion—which it calls conclusion." It is certainly very desirable that cases, which are unusual in their nature or management, should be reported in our medical journals for the benefit of the profession at large. We should not, however, lose sight of the important fact, that there is a vast difference between an unusual and an improbable or impossible case. In the history of medical practice, we have many, what Cullen denominated *false facts;* and in that category I feel myself constrained to place the report under consideration; for it is at variance with certain well established obstetrical and mechanical laws, and sets at naught the accumulated testimony derived from observation and experiments from the days of Smellie and Levret down

to the present time. That unusual cases and their management, may prove instructive and advantageous to the profession, it is necessary that *all* of their important features should be as clearly, definitely, and exactly set forth, as the circumstances will permit. These conditions having been faithfully complied with, we will be in but little danger of having our credulity imposed upon.

It may be no difficult matter for a physician to so conduct himself as to secure "much credit" "among the friends" of his patient; and yet were that same conduct, in connection with the views upon which it was predicated, presented to the profession for *its* judgment, the result might not be quite so creditable. It would require no special shrewdness to impose upon the liberal confidence of friends who are as anxious for the patient's safety, as they are ignorant of the means best adapted to that end; and yet I hope that no high-minded and intelligent physician can ever feel it necessary to resort to a "professional *ruse*" for the purpose of securing much or little commendation at the hands of those about him. Let us not usurp the legitimate weapon of the *charlatan*.

If I had any personal malice to gratify, I might rejoice at the doctor's response to the prayer of one of old, "O! that mine enemy would write a book;" but having no other feeling than that of vindicating scientific obstetricy, I shall proceed to an examination of his report.

At the outset the doctor complacently remarks: "Most of my friends call me a bold operator, a bold practitioner," etc. If by boldness we are to understand a reckless disregard of the land-marks of scientific obstetricy, as established by the study and observation of eminent men for nearly two hundred years past; then, doubtless, the doctor deserves his heroic reputation; for he attempted, and *says* he performed, that, in which one of the Chamberlains failed one hundred and eighty-six years ago, in Paris, and as a merited consequence of his presumption, returned to England in disgrace. That one should have succeeded where the other failed, the cases

being similar in their character, may, perhaps, be explained satisfactorily, by stating the fact, that the jealous and astute Mauriceau selected the case for Chamberlain—Doctor F. *selected his own.*

The great feature of this report is the extraction, with Hodge's forceps, of a fœtus "*over the usual size,*" through a pelvis, having for its sacro-pubic diameter from two to three inches, and its transverse not more than 3½, and the child was living, and doing well physically and mentally, up to the date of the report! These were the ascertained diameters resulting from a vaginal examination *before* delivery; and the author resolutely maintains, *after* delivery, the correctness of his diagnosis. That he fully *believes* what he asserts I have no reason to doubt. He even goes further, and maintains the feasibility of delivering a child at *term*, "in all cases where there is room for the entrance and exit of the *closed* forceps' blades," thus requiring but 2 10-12 inches laterally; the Hodge forceps having only that extent, including the thickness of the blades. He evidently believes that he only *used* that amount of space, transversely, in accomplishing the aforesaid delivery, for he says: "The strait I concluded was large enough to admit the entrance and exit of the forcep blades, and if I could get them fairly on the head of the child, it being a vertex presentation, I would use force enough to *crush the head within the size* of the forceps blades, and *thus* deliver the woman." That he succeeded in his purpose, he thus definitely informs us: "Having got the blades fairly applied, and assured myself that there was no portion of the genital organs within their grasp, I grasped and pressed the handles of the forceps with such force that they *hit together*, and *there* I secured them with a strong cord; I was then prepared to draw upon the fœtus, which I did, first gently with a slight *rotary* movement, and then with considerable force," etc. His third attempt at extraction was crowned with success, after having applied a "very considerable force." For our present pur-

pose, however, we will grant the doctor all the space included within the boundary of his *maximum* diameters, that is, 3 inches sacro-pubic, and 3½ bis-iliac. What extent of circumference do they give? just 9¾ inches; and he asserts that, through an aperture not larger than this, he *dragged* the head of a child, "*over the usual size*," with a pair of Hodge's forceps, and that the child *lived*, and continues to enjoy good health; and so far as we are informed, there was neither fracture of the cranial bones nor other serious injury; and, that, "in about nine days," the mother was "up about the house," without having presented any "special symptoms to the doctor's care." Now, to what does all this amount? To an *obstetrical impossibility.*

The most common estimate, by European authors, of the bi-parietal diameter of the fœtal head, is 3¼ inches; of the sub-occipito-bregmatic, or cervico-bregmatic, the same; of the inter-auricular, 3 inches; and the sub-occipito-frontal, 4 inches. Prof. Meigs, by a careful admeasurement of 150 fœtal heads, found the mean diameters greater than the European estimate, and so far as children born in this country are concerned, his measurements are the most applicable; and I shall take his average bi-parietal diameter of 3 11-12 inches, as at least fair in its application to a head "over the usual size." Now, what is the *circumference* of the sub-occipito-bregmatic diameter? Eleven inches and a half. Again, what is the circumference of the sub-occipito-frontal diameter? If we take a point half way between the auricular meatus and parietal boss, it gives us a transverse diameter of fully 3¼ inches: this, in conjunction with the sub-occipito-frontal, gives us a circumference of 11¼ inches. Taking either of these planes of the fœtal head, we have a circumference, in the one case, one inch and a half, and in the other, one inch and three quarters *greater* than the aperture of the aforesaid pelvis can accommodate. Now, both of these planes of the fœtal head *must* be accommodated, and, unless the circumference of the one be reduced 1¾

inches, and of the other 1½. then they *cannot pass.* The great question, therefore, to be answered, is: Can this reduction be accomplished with Hodge's forceps, or any other, consistently with the preservation of the child's life? I answer, *it cannot.* We will suppose the most favorable position of the head in a vertex presentation, the occiput to the left, and inclining less anteriorly in proportion to the relatively greater retraction of the sacro-pubic diameter. During labor, the vertex dips through the superior strait; meeting with resistance to the right and posteriorly—the frontal region having impinged upon the brim; the head is flexed more and more until the sub-occipito-bregmatic circumference, which is 11½ inches, is brought in relation with the plane of the superior strait, through which there is an aperture of only 9¾ inches in circumference. Therefore, it can pass no further until reduced at least one inch and a half. We will now "apply the blades of the forceps, secundum artem," which, I suppose, means, in this case, *laterally*, and see if we can *make them* grasp the head in such a manner as either to lessen this circumference or the bi-parietal *diameter*, which last is nearly in a line with the antero-posterior pelvic. The point of the male blade must rest on some point of the occiput, and the point of the other must fall somewhere upon the frontal bone, near its base, if properly applied; for, if the neck of the child arrests the male blade, at the base of the occiput, the point of the other cannot get much below the base of the frontal bone, and at the same time lock. When Hodge's forceps are closed at the handles, the points of the blades are just half an inch apart: now, what is the interval between the points, when applied as above described? At least three and a half inches, thereby separating the handles *more than two inches.* Yet we are told by the doctor, that he used "such force that they *hit together*," and there he secured them with a strong cord! He says nothing about the instrument being bent or broken, nor that the forehead or face were dreadfully crushed. At least one or more of

these would have occurred, if the case is truthfully stated. But, to resume: we have a sub-occipito-bregmatic diameter of 8¼ inches, in relation to the bis-iliac, which he says is only 8½. It must, therefore, be reduced by the pressure of the forceps. We shall see, however, that, although the blades may force the superior portions of the frontal and occipital, beneath the parietal bones, to any reasonable extent, thereby lessening the occipito-frontal diameter; still the sub-occipito-bregmatic diameter remains the same! for, we must bear in mind, that the line of this circumference passes posteriorly to the anterior fontanell, crossing the anterior border of the parietal bones, thence over the protuberances and round the occiput below its middle. Therefore, to make pressure sufficient to reduce this diameter two thirds of an inch, would necessarily crush the bones. Even supposing this could be done consistently with the child's well being; in what manner is the bi-parietal diameter affected? The frontal and occipital being underneath the parietal bones, these latter cannot overlap each other; further, the contents of the cranium under this antero-posterior pressure, will be strongly forced against the inner sides of the parietal bones; thus unyieldingly maintaining the bi-parietal diameter at 3 11-12 inches, and it matters not how much vertical elongation results from the compression with the forceps, it cannot lessen this diameter, even if the head should appear to be "*two* or *three* times as long as it was broad, looking more like a piece of the human arm than a fœtal head!" Suppose now we attempt extraction: in passing through the superior strait, the head cannot possibly yield in the direction of the transverse diameter of the pelvis, for, in conjunction with the forceps' blades, it fills up, entirely, the space between the ilia. Now, how can the bi-parietal diameter, which is 3 11-12 inches, pass through the sacro-pubic diameter, which, in this case, is only three inches. The cerebral contents between the parietal bones cannot be displaced, laterally, on account of the unyielding side pressure; and, therefore, to extract the head

implies almost certain destruction to the mother, from the injury that would result to the soft parts; and the inevitable death of the child; for it could not sustain a lateral compression of the head, to the extent of 11-12 of an inch, without the parietal bones being crushed to pieces, and the brain suffering fatal disorganization, by being forced in the direction of the sagattal suture, that direction presenting the least resistance. But, suppose again, that this circumference of the head could be brought through the superior strait without destruction to the child or serious injury to the mother, the sub-occipito-frontal circumference, which is 11½ inches, must still be accommodated. Its line crosses the occiput at its base, thence along the side of the head and round the frontal bone just above its base. The plane of this circumference is immediately above the base of the cranium, and is, therefore, unyielding, and cannot be reduced one inch and a half; neither can its sub-occipito-frontal diameter be lessened 10-12 of an inch, which includes the thickness of the forceps' blades, without fatally crushing the base of the cranium. Therefore, to enable the sub-occipito-bregmatic circumference to pass, without almost certain destruction to the mother (the child's life being out of the question by either mode of procedure), we must eviscerate the head and thereby reduce the circumference. As we cannot alter the form of the sub-occipito-frontal circumference, by means of the forceps, without fatal consequences to the child, we should resort to evisceration, as infinitely safer for the mother, and for the purpose of enabling us to draw it through the pelvis, obliquely.

I have been thus circumstantial in describing the mechanism of forceps delivery, as an alternative for Craniotomy and Hysterotomy, where the diameters of the pelvis are 3 by 3½ inches, or less, for two reasons. Firstly, if I impliedly charge Dr. F. with professional ignorance, and *careless representations*, he has a right to demand at my hands satisfactory reasons for so doing, and especially is this course

necessary and proper, on my part, in view of the fact that he has recently been exalted to the responsible position of "Professor elect of Surgery, in the Western Law and Medical College." Secondly, although *all* authors within my knowledge have declared it unjustifiable to *attempt* delivery with the forceps, where the child is at *term*, and properly developed, and the sacro-pubic and transverse diameters are respectively 8 and 3½ inches, or less; yet none of them have *demonstrated its impracticability*, so that we have nothing but the authority of their opinions.

In conclusion I will say that, even considering his report as correct, it is so indefinite and defective, in detail, as to be uninstructive. We are not informed as to how long the liquor amnii had been evacuated prior to the application of the forceps; neither are we told whether the head was above the superior strait, engaged in it, or down in the excavation. We are not informed as to whether it was *arrested or impacted.* The *presentation* is given, but not the *position.* We are informed that he "proceeded to place the woman in *situ*, and apply the blades of the forceps, *secundum artem*," but we are not informed as to whether the blades were applied antero-posteriorly or laterally; or whether the woman was placed upon her side or back—a matter of some little consequence, when she is placed in the "middle of the bed," with Hodge's forcep applied above the superior strait! He also "found, somewhat to his horror, that the antero-posterior diameter of the pelvis was only from *two to three inches.*" One inch in three is a pretty wide margin, especially when we are talking about the sacro-pubic diameter of the female pelvis! Again, in speaking of the appearance of the head, he says, "and such a looking head! two or three times as long as it was broad." One breadth of a fortal head, is, of course, a small matter in such an estimate. Whoever, before, heard or read of extracting the fœtus "first gently with a slight *rotary* movement, and then with considerable force?" Allow me here to remark, that the general tone and spirit of

the report are unsuited to a subject which justly demands the most serious consideration of every physician who properly appreciates his obligations to science, and his responsibility to suffering humanity.

Finally, if we were to take this report as indicative of the doctor's attainments in medical knowledge, and as constituting an "*oasis*" in the midst of *his* practice; then, indeed might we safely and justly conclude that, unless he applies himself more sedulously to the study of that "noble profession," of which he presumes to write himself a doctor, his professional life will have been a "great desert," unproductive either of honor to himself, good to humanity, or of benefit to science.

Ohio State Medical Society—Its Workings. By PAUL CAUSTIC, M. D., Cross Roads, D. O.

The Ohio State Medical Society was organized on the evening of the 14th day of May, 1846, at the Neil House, Columbus. We have not been able to learn the name of the prime projector. The association appears to have grown out of an urgent sense or feeling of necessity, on the part of a few leading spirits of the State Medical Convention which then had an existence, *first*, to preserve in a connected, complete form, the transactions of a state medical organization; and, *second*, to exclude from their ranks and professional fellowship professional quacks and *eunuchs*, which like parisitic growths, clung to the old medical convention of Ohio. How far these objects have been accomplished under the new organization, a faithful history of the society will show.

The following are the objects of the society, as set forth in its declaration: *first*, the association of the profession for the purposes of mutual recognition and fellowship; *second*, the maintenance of union, harmony, and good government of its members, thereby promoting the character, interest, honor, and usefulness of the profession; and *third*, the culti-

vation and advancement of medical science and literature, and elevation of the standard of medical education.

The high aims and professional purposes entertained by this organization in its infancy may be inferred by the above, and the sterling corps of officers which presided over and conducted its first deliberations.

President, DR. G. W. BŒRSTLER; *First Vice President*, DR. J. P. KIRTLAND; *Second Vice President*, DR. JOHN BUTTERFIELD; *Third Vice President*, DR. J. P. JUDKINS; *Corresponding Secretary*, DR. R. THOMPSON; *Recording Secretary*, DR. JOS. F. HIBBERD; *Treasurer*, DR. R. L. HOWARD; *Librarian*, DR. FRANCIS CARTER.

For four years this association was a sort of *sanctum sanctorum* to the Medical Convention, admitting only such of the latter as were of known professional virtue and sound scientific attainments. Its members were laborers from the great vineyards of the profession. Work was agreeable to their feelings, and they performed that which was assigned them with ability, dispatch, and cheerfulness. The sessions of the society were short and spirited, and were held during the mornings and evenings of the days upon which the convention was sitting. It often convened as early as 7½ A. M., and continued in operation until the hour arrived at which the convention met; then it would adjourn over until evening, and the members join the deliberations of the convention. The harmony and seclusion which characterized the sessions of the society invested its proceedings with unusual interest. Its membership increased rapidly, and its transactions furnished matter for a respectable volume. Thus grew and flourished the State Medical Society of Ohio, as it were, at the expense and out of the decaying ruins of the State Convention, which admitted all who desired to join its ranks, without restriction.

In four years the society increased from twenty-five to one hundred and thirty-seven members, and numbered among its ranks most of the talent of that class of the profession in Ohio, which took an active part in medical organizations.

They had labored shoulder to shoulder in a common cause, like a band of brothers; had secured a charter with the privilege of organizing auxiliaries throughout the state; had adopted the American code of medical ethics, the operation of which was through the branch societies, located in ten or fifteen counties of the state, and exercising a salutary, healthful influence upon the profession. From three to five local associations were annually organized, and after complying with the necessary requisitions, became auxiliaries of the parent society. In this manner the State Society was rapidly working a desired reform in the ranks of the lay members of the profession.

About this time a feeling of jealousy and rivalry grew up between the leading members of the State Convention and the State Society. The refractory, discordant spirits of the former had, to some extent, been kept out of the latter, and this fact only tended to increase animosity, and embitter sentiments towards each other, which finally resulted in a separation of the convention from the society, and an overthrow of the former. This took place on the first Tuesday of June, 1850. The convention met at the appointed time and, by a preconcerted arrangement of the members of the society—who were also members of the convention—a motion was made and carried to adjourn *sine die.* This was done on the morning of the first day of the convention, and after the society had withdrawn there was not enough vitality remaining to reorganize the convention. The society then was called to order and held its first public meeting; and from this dates the second chapter in the history of the Ohio State Medical Society.

All systematic communities of any size, and especially medical societies, furnish specimens, more or less striking, of *professional eunuchs.* They are the bane of all organizations—they produce nothing but their own *impotency*, contriving nothing but the elements of *discord*, yield nothing to the common stock but *disgrace*, and are themselves the sum of all that is detestable and disgusting. They are ever found

occupying the "uppermost seats" when not on the floor with "Mr. Speaker" on the end of their tongues, or delivering themselves of some gaseous effusions, which, when sifted, contain neither reason nor common sense. They are eternally boring and annoying the society with some unimportant resolution, or dealing out abstractions in order that their names may appear upon the published transactions. They manage to hold most of the offices; are sure to be on all of the committees; and decide unsolicited, all points of order for the chairman, to suit themselves, without ever dreaming that Jefferson indited a "Manual," or Mathias wrote "Rules of Order." No resolution or business of the society, however local or abstract in its nature, can be passed without being amended or modified by these gentry. Their names appear on every page, if not in every paragraph, of the minutes; bnt you may search in vain among the documents for any thing more voluminous or classic coming from them, than badly worded resolutions. Of these there is an endless variety. A view, *ex cathedra*, of the transactions of a medical society infested by these mildews, would give the impression, that the membership of the association did not exceed eight or a dozen individuals, at most. They form a perpetual routine, and it is only by chance, when there are not enough of them to fill the complement of committees, that a strange name appears, and then it is seen to be near the tail.

It is impossible for some of these parasites, who, having a little more of tact and shrewdness than the rest are downright Ishmaels, to speak for one moment—and they always are speaking, to any given subject. No matter what the pretext may be that brought them to the floor, the second sentence will be a salient tangent, and they are off upon some personal grievance, local quarrel, or petty jealousy, which moves to emotion and excites to convulsion, small communities and small men. They pour these upon the society in round, polished sentences, and suit their words to the effect sought to be produced by the actions of the buffoon or comedian. They are restless and illy at ease unless engaged in

a discussion of *ethical* or *administrative* regulations. Identity of purpose to them is Hindoo, unless that purpose be of evil. They keep the society in a state of perfect effervescence, than which nothing to such individuals could be more gratifying. They seek to perpetuate the connection with these organizations for the sole object of taxing their forbearance and annoying the body politic. They ignore ethics because it imposes restraint, and declare that gentlemen require no law to regulate their actions.

Some of these *snobs*, or "*notoriety seekers*," as they have been recently dubbed, have no moral or professional standing at home. They are denied admission to local or county medical organizations, on account of their recreancy to truth and professional probity. They, however, soar far above these petty sectionalities and annually make pilgrimages to the state or national medical societies. From these points they are sure to be heard. They bawl and "beat the air" equal to his honor Gasconfelt, and strut and stamp the stage with the vehemence and ardor of Hans Bullenflied. These are the Beelzebubs of the profession—the unclean spirits that walk up and down in the earth seeking rest, but find none. They wear long sanctimonious faces, love salutations in the market-places, and devour the homes where peace should dwell.

None of these are the men who read and think for the profession, or even for themselves. They eschew the new order of publications, and rarely take a medical journal. Their libraries, if libraries they have, are like Paul Potapher's: or, what is worse, scattered or stowed away in some box or garret, and long since were embalmed in spider-webs and dust. Here is the place to go to find old monographs, or publications out of print.

It was to get rid of this class of *light-fingered professional gentry*, peaceably, that the Ohio State Medical Society was formed. But it has failed to accomplish its first great purpose, and is now a putrid, disorganized mass, in the hands of those who, we much fear, will never be able to work a cure, until the process of decomposition finally separates the *gross*

filth from the true seed. A deep, radical, thorough reformation must be instituted and carried into effect at the coming semi-annual and annual meetings, or the death-knell will surely sound. This calamity—for calamity it certainly would be, and a most serious one to the medical profession of Ohio—cannot longer be averted. Then let the friends of law and good order, the friends of scientific medicine, the friends of progress, come up in their strength at the approaching session, and jog the *eunuchs*, brand the *snobs*, and silence the *notoriety-seekers*. Let the laboring men of the profession, those who represent its true interests and talents, *see to it*, first and foremost, that men of known and acknowledged parliamentary attainments and executive ability be placed in the chair of the society, and they will have little to fear. Much of the discord and inefficiency which have characterized the proceedings for the past few years, are certainly due to the want of a prompt and efficient presiding officer to conduct the deliberations. The officers of the society, let it be borne in mind, were not created to confer honor upon the distinguished and aged of our profession, but to subserve the interests of the association. We will not consent that these remarks shall be construed into offensive personalties. This is wholly foreign from our intentions and purposes. Every one at all conversant with parliamentary deliberations, is aware of the fact, that peculiar tact and talent are indispensable to render a gentleman fit for an executive officer, and that these qualities are rarely, from the nature of their duties, found in physicians. Our existing venerable president, and indeed all his predecessors, so far as we know, are among the very first men of our state, in point of talent, professional probity, and urbanity, and, to a man, deprecate the discordant proceedings of our society.

We are ever ready to do obeisance to the virtuous gray hairs of our profession—these we love to honor; yet, the chair of a state medical society is not the place for the venerable, when designing persons put them there for the object of subserving vile purposes.

But to return from this digression to the sketch.

Even before the State Medical Society attempted an independent state of existence through some means or other, individuals gained admission to membership who certainly were unworthy, notwithstanding the portals were supposed to be well guarded. Members, when importuned, furnished indorsement for individuals with whom they were insufficiently acquainted. Personal influence and solicitation from others of position in the society, also secured the election of some who, otherwise, should have been excluded. Then the disposition to increase in numbers had an influence in relaxing the primitive vigor which characterized the early admission of members. By these, and other means that might be enumerated, which from time to time were brought to bear on the society, it soon opened wide the door to all who made any profession of virtue and integrity. The result was, the society speedily gathered together all the discordant elements of the old convention system, without enjoying any additional advantages of ridding itself of these excrescences. The disorganizing propagandist, the presumptuous, arrogant gasconade, and the sliming sycophant, who have worked their ways into the association, each in his own peculiar way, have as good a right to a voice in the State Medical Society of Ohio, at this time, as the most faithful, scientific, laborious student that is to be found in its ranks. The operation of the different phases of these several discordant elements soon began to show themselves, and thereby rendered inoperative, and thwarted the grand aim and prime purposes for which the society was organized. At one time a quarrel between medical colleges has to be decided; again *quacks* are about to overrun and tramp down a college, and gain admission to a hospital, and this must have a hearing by the society. An aggrieved individual, who is fond of polemics, attempts a eulogy upon a deceased member, and lugs in a personal quarrel which ends in a personal rencounter—almost. Ten pupils consume the better part of a whole session in quarreling over who was the projector of a defunct convention. A

notorious quack seeks admission. He secures the requisite indorsements; his case is taken from the hands of the committee on admission, and he finds a cordial, firm support by a score of kindred spirits in the society. This consumes one or more days. A "law and order" gentleman would like to get rid of the ethics; has himself appointed chairman of a committee, and reports in favor of abolishing all laws. This consumes two sessions, and shakes the society to its center.

Such are some of the means through which the State Medical Society of Ohio has proved to be an abortion, and its transactions a grand farce—a disgusting burlesque. The active laboring men of the profession have been shoved aside, to give place to the arrant, presumptuous nonenities who call themselves doctors.

But there are other instrumentalities which have contributed to impede the usefulness of the association. It will be observed that many, or most of our transactions are small, and meagre of virtuous, original, useful matter. This is humiliating. The annual published transactions of the state medical societies of Indiana, Illinois, and Iowa, are double and treble the size of ours, and the semi-annual reports of Missouri and Kentucky are much more voluminous than those of Ohio. Now, why is this? Are there more working men in our sister states? Have they more talent engaged in the medical profession than we? I trow not. Then why is it that our transactions are diminutive and devoid of interest, a libel upon the talent, industry, and education of our state, and a disgrace to any dignified association? We will permit the reader to form his own conclusions.

One versed in the *modus operandi* of the Ohio State Medical Society, can predict, with great certainty, from those who pull the wires of this year, what the complexion of the coming year's proceedings will be. Run over the published transactions since 1851, and tell us how many special committees have made reports. It will be borne in mind that these consist of surgery, obstetrics, practice of

medicine, and medical literature. Seldom, indeed, have these agents of the society been heard from. Four committees—twelve men—five years—and three reports!

Now it might not be unimportant for those who annually leave their respective fields of labor to attend upon the sessions of the State Medical Society, to pause for a moment and inquire into the causes which result in robbing them of their time and money. They have the promise of being profited by hearing a report on Surgery, from Prof. ———; one on Obstetrics, from a very learned and accomplished accoucheur living in the Western Emporium; one on the Practice of Medicine, by a celebrated teacher upon this subject; and one on the Medical Literature of their State, from the pen of a finished scholar and ready writer. They go. The Prof. is in Paris—was when he was appointed, and was not *expected* home in time to prepare and make a report. The Obstetrician never attended but one session of the State Society, and that was when it met in his own city—takes but little interest in such gatherings, and thinks it not worth his while to trouble his brain to write a report on his favorite subject. The practitioner can't leave his patients, and the "Literati are abroad." The disappointment is by no means inconsiderable at such issues, to those who have traveled across the state, hoping to be profited for the time and money expended; and yet it has been the fate of all those who anticipated scientific or practical advancement, as a reward for their attendance upon the State Medical Society of Ohio, for the past five or six years. Those who make up their mind to have a *good time* at these gatherings, hear a few vagrant, volunteer papers, witness a vast display of bad temper, will rarely return disappointed.

Well, why should these disappointments occur continually? We will tell you. The machinery of the society is bad—desperately defective. We never knew the house to turn out a good job. It is from the firm of "RECIPROCITY; TICKELME AND I'LLTICKLEYOU." Recollect the name, and be

careful and avoid these manufacturers when you want work of this kind done. They are all for show—outside show, and use the worst kind of material. Good metal, they are poor judges of, and only employ it through mistake.

Look at this picture. Officers of the society are to be made. The wire-workers are first to assemble. They hold a caucus; their heads are frequently seen together after they arrive at the hall. The thing is all set. A gentleman moves the raising of a committee to nominate officers. This anticipates another, who represents a different clique, and he moves that the committee on permanent officers be excused from action. Ruled, out of order. The committee retire and re-enact the programme already made out. They go through this form for the sake of illustrating to any one *not in the secret*, who may chance to be on the committee, that all is fair. Indeed, these persons are always careful to make a show of fairness, to trap the novice. The committee make their report to the society, which may or may not adopt it. Most likely not. Those who have been pulling in a different direction are quite sure to take exception, either to the name proposed for the presiding officer, or some of the Vices, and effect a change by suggesting and balloting for other individuals. It is thus that the *ins* are accordingly thwarted. The various functionaries of the society, are, however, installed, and the scene opens. The society is in full blast. The work goes swimmingly on. Mutterings are heard in the dim distance. There is trouble ahead. Business becomes confused and accumulates. Half a dozen reports, thirteen resolutions, and double as many amendments are before the society at once. Factions and fag-ends strive for the mastery. Nine members are half way between a subject and tiptoe to gain the floor. A decided fluttering and sensation is manifest all through the house. A very indiscreet young man, failing to carry his point, in a fit of passion goes off in a tirade of abuse upon the presiding officer, denounces the whole affair as a great hoax, a sublime

swindle, then apologises! A feeling of disgust, mingled with commiseration, is almost universal, and the society adjourns as the only means of extricating itself from the difficulties in which it has become involved.

The time for filling the committee arrives, and the process of "*tickle me and I'll tickle you,*" *commences.* The powers that be, now dispense favors upon those who secured their promotion. This is done without any special regard to the adaptation of the appointee to fill the duties of the office contemplated. This is a secondary consideration; the first being, the full name, as chairman of an important committee. The interest of a medical college must be subserved by appointing its professors as leading members of committees. The vanity of some presumptuous member is to be tickled, by having his name appear in a similar position. These things must be, the gods have declared, and their voice is like the laws of the Medes and Persians.

It is by this process, or similar ones, that men are over and over again placed as chairmen of committees, without ever making a report, or ever intending to do so. This is wholly different from what it should be. No man should be placed as the leading member of any important committee, who is not in the first place adapted, from the cast of his mind, nature of his qualification, and bent of his study, to instruct and enlighten the profession upon the subject which he is to present; and, in the second place, it should be the duty of the President or his associate Vices, to ascertain, especially in anticipation, whether Dr. A. or B. will perform the labors of chairman of a certain committee, before he is appointed. The trouble to secure this information would be insignificant, when distributed among the appointing power. By this regulation the society would annually have, for its consideration, full, able reports upon the various subjects of interest to its members.

How long, then, shall the scenes which for the past few years have rendered the name of the Ohio State Medical

Society a by-word, a name to be scoffed and hissed, as evil, wherever known, be re-enacted, without meeting with a merited rebuke; and how long shall the decorum, sobriety, and good breeding of the society be outraged? The united voice of the membership is clearly adverse to any discord, and yet to put an end to it, has foiled the best endeavors of the prudent and judicious. All are disgusted unto nausea; and, notwithstanding this, one is willing, for the sake of peace, to hear the twaddle of Dr. Quackinboss, for the ten minutes which he asks—only ten minutes, to introduce and pass a resolution; and when the floor is obtained, and the attention of the society gained, an hour, or perhaps a day will be required to choke him off, or undo that which he has done. Another, who is fond of a *little fun*, is disposed to admit a reply of fifteen minutes from Dr. Gasinboss to the arguments of the preceding gentleman. He, too, stands his allotted time, and only desists under the operation of the 'previous question.' One is in favor of applying the gag to all this gasconading; another is inclined to more clemency, and allow brief discussions, while a third party is disgusted for want of a proper knowledge how to proceed to arrest the above disgraceful transactions. "A word to the wise is sufficient."

Now, gentlemen, we want an end of this. An end we'll have. Have you lost all self and professional respect? The time was when a different state of feeling obtained, and you stood in fair repute with your brethren of the profession. Can it be possible that you have so far sunk yourselves in the slough of despond, and invested your persons and consciences with such obduracy, as to be wholly impregnable to the entreaties of wisdom and peace? What are you accomplishing for yourselves, but ignominy and deep disgrace? Already you "stink in the nostrils" of those upon whom you have forced your society, as the putrid carcass of decaying nature. Long since they have spewed you out of their mouths, and will you continue still to force your passage down their throats, in despite of their persistent disgust and

nausea. We have a charity which hopeth better things—a charity which has endured many things, but which longer refuseth to forbear. Forbearance has ceased to be a virtue; and this ends the *second chapter in the history of the Ohio Medical Society and its workings.*

A case of Vesico-Vaginal Fistula treated with the Button Suture of Dr. Bozeman. By T. WOOD, M. D.

Mrs. C. B——aet, 26, was brought to bed with her fourth child on the 27th of June last. She was attended by a woman who cannot give any definite account of the labor further than that "it was slow, and that the child's head was in the bones about twelve hours before it was born." The child was still-born. One week after her confinement I was called to see her and found her with a dry parched tongue, full quick pulse, hot dry skin, and bowels constipated, with a constant dribbling of urine from the vulva, and extensive excoriation of the pudendum and nates from the irritating discharge.

On examination *per vaginam* the uterus was found intact, with the os tolerably well closed but the lips were swollen and of a dull florid hue. The entire mucous membrane lining the vagina appeared inflamed, and was very sensitive to the touch of the speculum or finger. A small spot about the size of a dime, at the left side of the median line and about midway between the caruncula myrtiformis and the os tincæ, was white and ragged, and at this point the urine could be seen issuing from the bladder into the vagina. Through this point the forefinger passed readily into the bladder, and the white appearance proved to be cellular tissue that had lost its vitality, but was still attached to the living parts.

On inquiry I learned that the patient had been unable to pass any urine for about five days after her confinement, and had suffered much from that cause, but it had suddenly burst away giving immediate relief from the pain of retention, but ever after she was unable to restrain the flow.

The history and examination clearly revealed the nature of the difficulty, and she was at once advised that the only hope of relief was in an operation.

A cathartic was ordered, and a dilute solution of the acetate of lead directed to be thrown into the vagina several times a day. In a few days the sloughing process was completed, and the inflammation of the vagina had disappeared, except around the margins of the fistulous orifice.

From this time her general health improved and she suffered no inconvenience, except the painful scalding from the urine on the skin.

For the purpose of securing efficient attendance I had her admitted into the Commercial Hospital to undergo an operation, and just six weeks from her confinement, the button suture of Dr. Bozeman was applied to the fistula.

For a description of the button suture the readers of the Lancet are referred to the May number of the Louisville Review (page 76), where a valuable article appears, from the pen of Dr. Bozeman, of Montgomery, Alabama.

The various stages of my operation did not vary in any essential particular from the method of Dr. Sims, except in the application of the button suture. After the operation, absolute rest and a low diet were strictly enjoined, and the bowels, which had been freely opened by oil the day before the operation, were quieted by occasional doses of opium. The operation gave rise to no constitutional disturbance, and at each daily visit, until the seventh day, she uniformly replied to inquiries, that she felt perfectly well. On the seventh day, I found her with cold feet and hands, her countenance somewhat flushed, and some pain in the head.

Her bowels had not moved since the operation, and supposing the constipation to be the cause of the headache, I ordered her a dose of oil.

The next day the disturbance in the circulation had disappeared with the operation of the medicine. As no urine had passed through the fistula after the operation, I felt pretty

well assured that the union was complete, and, therefore, removed the sutures, when I found my hopes fully realized. Union throughout the seam, about three fourths of an inch in length, was perfect and firm.

My main motive in giving this hasty report, is to offer my humble testimony in favor of the ingenious and simple contrivance of Dr. Bozeman. I believe that it possesses many advantages over all other methods that have been recommended, and, in my hands, it has fully justified all that has been said of it by its talented inventor.

On Periodicity, Intermittency or Remitting of Diseases. By ABRM. LIVEZEY, A. M., M. D., Lumberville, Pa.

NO. IV. EXANTHEMATA—SCARLATINA.

In considering the exanthematous diseases, I shall pass in review only two of those that are attended with fever—idiopathic, so called—namely, scarlatina and erysipelas. To these I shall limit my remarks, as being of the class the most important, most frequent, and most fatal in practice—fatal too, from a want of a better understanding of the intermittent nature of morbid action.

Scarlatina is considered, by the schools, a self-limited disease; that is, it is maintained by authors that it must run just so many days before it becomes exhausted under the recuperative powers of the system, determined by the powers of the organism to overcome the febrile disturbance upon which the disease depends for its perpetuation, rather than by any inherent law of self-limitation. Disease is a simple repetition of disordered action, manifesting, throughout its whole course, paroxysm, and remission. If disease is continued from day to day, or from week to week, it is always because, as the disease progresses, the exacerbation becomes, with each repetition, longer in duration and more severe in character; the intermissions at the same time becoming

shorter and less marked: hence, disease is perpetuated or prolonged, because the remissional periods are either not observed or not improved.

Hence we maintain that there is no reason why the exacerbations which mark the progress of scarlet fever should be repeated for just so many days; no cause for the repetition of paroxysm and remission from day to day, until the disease has been overcome by the recuperative powers of the patient, or terminated with his life. That the "fever has exacerbations towards evening," and that the "color is most intense during the exacerbation of the fever," is admitted by the looks, and can be observed by every practitioner.

Scarlatina being subject to the same "general law" of paroxysm and remission, the attributes of every other disease, can, in nearly every instance, be cut short in three or four days, and when it has been protracted much beyond that time, it has always been complicated with some preceding and chronic disturbance of the organism, or had resulted from the fallacy of prior treatment. Let scarlet fever be treated as we would any other constitutional disturbance, during its exacerbations by remittent (nauseant) remedies, and during its remissional periods by prompt remittents, and then we will seldom or never have any of those terrible sequelæ to combat, which, under the old practice, have conspired to make the results of scarlatina more horrible than the disease itself.

Under this view of the nature of this disease, the proper and rational mode of procedure would be, where there was much oppression, soreness of the throat, foulness of the stomach, great heat of surface or high fever, to administer, promptly, an emetic, ipecac or lobelia, followed by laxatives or enemas, and nauseants resumed until diaphoresis (remission) is obtained. Then chlorate of potass 3 os. dissolved in a tumbler of cold water, may be given frequently, in tablespoonful doses; or, throughout the intermission, the follow-

ing, in tea-spoonful doses, every two hours, to a child two or three years old:

℞. Quin. sulph. gr. x.
Acid. sulph. ar. gtt. xx.
Syrup. simpl. ʒi. m.

Thus averting paroxysmal repetitions and guarding against the access of the severer forms of the disease.

Emetics, particularly in the anginose form, render the disease mild in its subsequent course; and a tea-spoonful of a solution of emetine, gr. i. ad. aquam ʒi. every seven or ten minutes, soon induces nausea or perspiration, and a remission is obtained, when the acidulated quinine syrup, as above, or the chlorate of potass, with a few drops of muriatic acid, should be resorted to. For the throat, the best external application is the tincture of iodine, applied by means of a camel's hair pencil, from ear to ear, vis die. This application prevents some of those troublesome sequelæ, such as enlargements of the parotid and submaxillary glands, which, when they arise, attest the general depression of the system.

If the heat of skin be excessive, the surface steadily hot and dry, cold sponging will be admissible, and the most suitable to the case, is a solution of chloride of lime (ʒi–ii. ad. aq. 6) frequently employed, which not only cools the surface equal to any other application, but destroys, in a goodly measure, the *vim* of the disease, by destroying the intensity of the eruption, which is regarded as a fungous growth.

The symptoms of an attack of *maligna* are strikingly characteristic of those of malignant typhus fever. When this form of the disease sets in, there is speedily shown a great deterioration in the blood, its character rapidly becomes watery, and there is so great a deficiency of cohesion in the particles, so speedy a disappearance of the red globules contained in it, as to render it unfit for the correct performance of its functions.

Hence the sudden symptoms of extreme depression (the electrical state) frequently observed at the onset of scarlet fever, and the tendency to malignancy, which is a striking peculiarity of all epidemic diseases, occasioned by the poison of the contagion of the disease exerting its baneful influence with such fearful rapidity.

In such cases no time is to be lost in rousing the energies of the system, by establishing a reaction in a decided manner; this is to be effected by an emetic draught composed of a few grains of sulphate of zinc, with double the quantity of ipecac., in syrup, followed by an infusion of camomile; or by fine mustard, or salt and capsicum, may be administered for the emetic, if preferred. The operation of the emetic must be followed by the solution of quinine before mentioned, with the addition of tinct. of hops and strong camphor mixture every two or four hours. The beneficial effects of this course of medicine is perceived in twelve hours, and reaction is produced, when a modified plan must be pursued, adapted to the peculiar constitution of the patient.

When the tongue is red and dry, with slight fissures observable in it, much thirst and fever, with dry and hot skin, I always resort to sod. bicarb. and gum acacia, alternating with turpentine in mucilage, every two hours, with satisfactory results. But when the tongue has become moist and pale, or with a whitish coat, the greatest benefit may be expected from the administration of arom. sulphur. acid with quinine.

The violent inflammation that is apt to occur in the tonsils, in scarlet fever, can be so successfully combated, by a stimulant and tonic plan, as to deprive the disease of half its terrors. When there is a disposition shown, to the formation of matter in the tonsils, the administration of quin. sulph., with dil. sulph. acid, and infus. cascaril. or mist. camph., either rapidly restores the parts to their normal size, or causes a more favorable and energetic formation of the abscess and consequent termination of the disease.

To hasten the progress of cure, as well as to guard against the dropsical manifestation, in every variety of this disease, it is advisable to exhibit turpentine in mucilage, with or without sp. æth. nit., as soon as the tongue parts with its coat, and becomes red and dry (which it does quickly, and after the manner of a case of typhoid fever).

To recapitulate, let the treatment be commenced by emetics, laxatives, or enemas, sponging the surface with a solution of chloride of lime, during the febrile paroxysms; quinine during the morning remissions, which is all important; and tincture of iodine to the throat when indicated.

Case of Tuberculum Renale.—By EDWIN R. MAXSON, M. D., of Geneva, N. Y.

Through the politeness of Drs. SMITH and STEVENS, of this village, I witnessed the post-mortem examination of the following case, made by them, June 21st, in the presence of several medical gentlemen; and also, gathered from them, the most important facts in relation to the history of the case.

The case is an important one, as it tends to throw light upon the pathology of the organic renal affection, usually called, Albuminurea, granular, or Bright's disease. I therefore offer it, without any further apology.

The subject of this examination (Mr. B.), was about forty years of age, of medium size, well proportioned, and a day laborer, by occupation. There was no positive evidence of a hereditary scrofulous diathesis; yet, such may have been the case, as there was a curvature of the spine of some years standing.

He was vaccinated, in early life, and suffered severely from its effects; and, it was ascertained, that the virus used, had been taken from a syphilitic patient. There was no further evidence of a syphilitic taint.

He had had occasional vomiting spells, for several years, which were relieved for the time, by applying cups on each

side of the spine, where the curvature existed. And, he had complained of lameness in one foot. Otherwise, he had appeared tolerably well, till about one year before his death; at this time there was evidently a decline, his countenance being bad, his digestion imperfect, and more or less derangement in the renal secretion.

As the cold weather approached, the decline became more rapid, and the renal affection became more prominent; the ordinary symptoms of granular disease of the kidney being developed, indicating the different stages of this organic renal affection, as was admitted by those in attendance; and, as I understand, by the counsel had in the case.

These symptoms were only partially relieved, or palliated, by a judicious course of treatment, and he gradually run down, till the time of his death (June 20th), having been confined to his bed for about six months. About two weeks before his death, matters pointed, on the inner and outer side, of the middle portion of the foot; the result of caries, of the tarsal bones.

We found, at the post-mortem examination, the lungs apparently healthy; the liver atrophied; the spleen granular, or tuberculated; the mesenteric glands indurated; the dorsal vertebræ at the curvature carious, or softened; and very much enlarged, appearing to involve the sympathetic nerve on each side. The valves of the heart were thickened.

On reaching the kidneys, we found them of about their natural size. But on laying open the left kidney, the entire tubular portion was found a softened mass of tubercular matter; the matter, occupying the place of each cone, was in a distinct sac, formed by the external cortical or vascular portion of the kidney, and its continuation onward, surrounding each cone, or bundle of tubuli urinii feri.

On laying open the right kidney, the place of about one-half the cones were found occupied by softened tubercular matter, like the left kidney; but the remaining cones were not softened, but some of them were filled with tubercles,

apparently approaching to softening; while a few were in the incipient stage, and filled only with minute granulations, situated between and surrounding the tubuli. These granulations, or incipient tubercles, as well as the more advanced tubercles, occupied mainly the tubular portion of the kidney; but that portion of the cortical or vascular substance of the kidney surrounding the cones, and in immediate contact with the tubuli uriniferi, was more or less filled with them, in the form of minute granulations, or more advanced tubercles, and this was true of both kidneys.

Now, here was a case in which were developed all the usual symptoms of what has been called "BRIGHT'S Disease," or "Granular Disease of the Kidney;" and yet, in one kidney the disease had gone on to the softening of the entire tubular portion; while in the other, about one-half of the tubular portion had become softened; the remaining portion, presenting according to my observation the ordinary appearance of the granular kidney, but progressing rapidly towards the same disorganized condition.

It is evident, in this case, that there was a scrofulous condition, involving bad digestion, imperfect assimilation, impaired constitution; and, in consequence of all this, minute granulations of the kidneys, which, becoming developed, were real tubercles; and these tubercles softening, produced the condition above described.

GENEVA, N. Y., June 23d, 1856.

[The co-existence in the above case, of disease of the Vertebræ, perhaps the infiltrated form of tubercular disease of bone as described by NELATON, renders it exceedingly probable, that the affection has been correctly denominated by Dr. MAXSON. If we mistake not, his remarks are calculated to convey the inference that BRIGHT'S disease, granular degeneration of the kidneys, albuminuria, or the albuminous nephritis of RAYER, is caused by a tubercular degeneration of the kidney. He employs the terms—granulations and incipient tubercles—as synonymous. Dr. BRIGHT'S paper in the

second volume of GUY's Hospital Reports, is now before us, and we can discover nothing in his observations to justify us in applying the term tubercular to express the condition known as "mottling," "white degeneration," "contraction," or "granulation." Indeed, the table of one hundred cases given by Dr. B., proves conclusively, that of all the complications of the disease, none are so rare as the tubercular. "In only four cases," he remarks, "has recent phthisis developed itself, and what is somewhat remarkable, in more than double that number, the disease seems to have made a certain inroad upon the upper lobes of the lungs, and then to have sunk into a state of quiesence, or entirely subsided, from which we should perhaps be inclined to infer, that so far from these diseases being associated, the condition of the body in this form of renal disease is unfavorable to the existence of phthisis, or that it is certainly not peculiarly apt to occur in tuberculous constitutions." Again, Dr. CHRISTISON, in his Treatise "On Granular Degeneration of the Kidneys, &c.," published in Edinburg, 1839, informs us that in about four-fifths of the cases, the disease is caused by the immoderate use of alcoholic beverages, and it is now well ascertained that such potations tend rather to prevent than to promote the deposition of tubercle. B.

On Obliquity of the Uterus.—BY J. N. SALISBURY, A. M., M. D., Russelville, Ohio.

The influence that Obliquity of the Uterus has in causing different and tedious labors, has by most of our authors been passed over with but little notice. And those who have noticed it, are mistaken either in the causes, effects, or remedies.

CAUSES: LEVRET thought the main cause to be, the insertion of the placenta, which would draw the uterus to the side of its attachment. But facts do not establish this theory. We have often met with obliquity to one side, and the placenta attached to the opposite side. The observations of many

others also corroborate this fact. We sometimes also meet with the obliquity forward, while the placenta is attached to the back part of the Uterus.

But MOREAU says, "Anterior obliquities are caused by *the natural inclination* of the pelvis forward." But we may ask, Why does not the same natural cause, produce the same effect in all cases? That it does not, even in a majority, no one will deny, although the forward inclination of the pelvis is always present; or in MOREAU'S own language, it is "*Natural.*"

In hearty, robust young women, the gravid uterus usually occupies the middle of the abdomen; so then we must conclude that the forward inclination of the pelvis alone could not produce the obliquity.

Now the main cause of obliquity seems to be undue relaxation of the abdominal parietes. Hence it is that we usually find it in women who have borne several children, and but very seldom meet with it in first pregnancies. MOREAU himself admits, that the more children a woman has had, the more relaxed are the abdominal parietes, and the more marked the anterior obliquity of the uterus.

The requisite support from the abdominal parietes being thus weakened, the axis of the uterus with respect to the person becomes changed, so that the fundus may fall forward, and the mouth be thrown back against the sacrum, or the fundus may incline to the right or left side, and the mouth to the opposite ilium.

EFFECTS: That obliquity of the uterus may cause delay, and sometimes dangerous delay, I believe none have denied. But while they have not denied it, they have failed to state the fact. True, Dr. CHURCHILL says, it may cause delay. Dr. DENMAN says that some labors are procrastinated by obliquity of the uterus. And MOREAU says it may be the origin of serious accident to both mother and child. But with these exceptions, where is the author that marks out the difficulty and danger in a proper manner? I cannot better point out

the danger than by giving the case of BAUDELOQUE. A woman had been four days in labor, attended by an ignorant midwife, who had allowed her to walk about and stand erect during the whole period of labor. The difficulty he found to be anterior obliquity of the uterus, which was very great, the head resting against the promontory of the sacrum, preventing dilatation of the os uteri. "At last," he says, "the head descended covered by the neck of the uterus. Venesection, a horizontal position, and the precaution of elevating the breech, could not prevent gangrene and death, which occurred before the termination of labor."

TREATMENT: Is it necessary to interfere at all in obliquity of the uterus, and if so, what shall we do?

Dr. WM. HUNTER remarks, "As far as I have been able to observe, the mere obliquity of the uterus never occasions so difficult a labor as to require any artificial arrangement to bring the os uteri in a proper situation. In such cases, as in many others, art can do little good, and patience will never fail. Dr. CHURCHILL agrees with HUNTER, that little is necessary, except patience. "I do not think," he says, "that interference with the os uteri is ever justifiable." Dr. RAMSBOTHAM also strongly opposes interfering with the os uteri; and declares that at best he has very little faith in obliquity of the uterus producing serious protraction. Dr. C. D. MEIGS, thinks all that is necessary to corect the obliquity is to change the position of the woman. Drs. DEWEES and CHURCHILL think that it may sometimes be necessary in addition to position, to lift up and support the pendulous belly, until the head shall occupy the inferior strait.

Now, the question with every honorable obstetrician should be, not whether natural forces will be sufficient to overcome the difficulty, but how far can he interfere safely and be instrumental in shortening and relieving the sufferings of his patient. The course recommended by the worthy author referred to above, may be sufficient in some cases to remedy the evil; but can position and proper support be relied upon

in all cases? I think not. I believe with MOREAU that it is necessary to act upon the os uteri, as well as to attend to the position and proper support.

About a year ago, I was called to see a woman that had been in labor twenty hours. At first she had called in a person pretending to be a physician, who either tried to do nothing or was ignorant of her situation, and left her as he found her, without even attempting to relieve her, but directing her to send for him if she became worse. She suffered on, getting no better, and not much worse until I was called. I found the os uteri high up against the left ilium, and the fundus thrown to the right side. I had the patient placed on her left side, and followed the directions of our authors. But it was all of no avail. I then introduced the finger of the right hand into the os uteri, and gently drew it down during the pains, while with the left hand I raised up and supported the fundus, and thus in a very short time succeeded in righting its position. Dilatation then proceeded rapidly, and in less than an hour her labor was terminated, much to her relief and satisfaction. The case of BAUDELOCQUE mentioned above, he says, could have been successfully terminated, had the obliquity been remedied in the beginning.

DECEMBER 8th, 1855.—We were in attendance upon a patient with anterior obliquity of the uterus. The os uteri was high up against the promontory of the sacrum. The patient was placed upon her back, and the fundus of the womb raised up and supported, but all to no purpose; for three long hours the labor advanced not a particle, although there were strong pains the whole time. We then introduced the finger into the mouth of the womb and made gentle traction, when dilatation proceeded steadily, and in about one hourand a half the delivery was complete.

AUGUST 22d, 1856.—Had a case of anterior obliquity very similar to the one above. The patient was placed on her husband's lap, and traction made upon the mouth of the

os uteri, while the fundus was raised and supported. Labor progressed well, and in a few hours' time was terminated.

Here is a case full of interest, given by MOREAU, of anterior obliquity. He says, "The fœtal head was in the cavity of the pelvis, covered by the neck of the uterus, whose parietes were so smooth, thin, and tense, that it seemed as if the head were bare. Such, indeed, was the opinion of the attending physician, who was preparing to apply the forceps, when the family requested our advice. We immediately ascertained, by the sensibility of the part, and the pain caused by touching, that the fœtal head was not exposed, and that it was covered by the yet undilated head of the uterus. We placed the woman on her back, with her breech elevated, introduced the extremity of the index finger, curved in the shape of a hook, into the os uteri, which was behind and nearly on a level with the promontory of the sacrum, so as to draw the anterior lip gently downward and forward during the uterine contraction; at the same time, with the other hand on the abdomen, we pushed the fundus uteri upward and backward. This simple plan, continued with great caution and gentleness, effecting a rapid dilatation, and in less than two hours a successful and natural termination of a labor, which, until our arrival had been considered as excessively difficult, and requiring the use of the forceps.

Report of two cases of Placenta Prævia.—By G. A. KUNKLER, M. D., of Madison, Indiana.

August 14, '56, I was called to attend, with my partner, Dr. Wm. Davidson, Mrs. D———, a strong, robust woman, the mother of thirteen children. She was taken with labor-pains at 10 o'clock in the morning, and, at the same time, with a most painful hemorrhage; losing, according to her estimation, nearly a gallon of blood. The membranes had been ruptured, but still it continued. She was at the full period of gestation; had had nothing in the form of hemor-

rhage, previously, and apparently had enjoyed the most perfect health. Her previous labors had all been remarkably easy. On examination the os uteri was found largely dilated, and the placenta immediately before it. The hemorrhage still continued, and the woman was in an extremely exhausted condition. To attempt turning, in her condition, was out of the question. The placenta was detached and removed at once, and the cord tied. The hemorrhage ceased immediately. It was now ascertained that the left shoulder of the child presented. With the aid of stimulants, she gradually began to rally, and the pains returned. Towards midnight Dr. Davidson was enabled to turn, and the labor was completed. The child, which was very large, and well developed, was dead. The patient immediately after commenced to sink, the extremities becoming cold, the eyes sunken, the countenance ghastly, and covered with a clammy perspiration. With the aid of stimulants she gradually rallied. The improvement, however, was of short duration, flooding took place to some extent, the patient gradually sank and died in about thirty hours.

CASE II.—On the 18th of Nov., '55, I was called to attend Mrs. R———, a young woman aged 23, in her second confinement. On arriving, I found the patient very much prostrated from hemorrhage. For the past three days she had been subject to occasional attacks of hemorrhage, but to only a small extent. The labor had commenced several hours previously, with hemorrhage. The membranes had been ruptured, upon which it ceased to some extent.

On examination, the vagina was found filled with coagula. The os uteri was dilated and soft, the placenta nearly covering the orifice. There was but slight uterine action. The patient not being in an extreme state of exhaustion, I decided to turn and deliver. I proceeded to detach the placenta, partially, which being completed, I found the presentation natural, grasped the legs and brought them both into the vagina, and, assisted by the uterine efforts, which

This single pustule went on to be fully developed, without producing any further eruption. A second infant was inoculated with pus taken from the first. The pustule here was likewise developed, was accompanied by fever, and, on the eighth day, a discrete secondary eruption made its appearance. A third infant was inoculated with pus taken from the second, and the eruption was still more abundant. Finally, with the fifth generation, he obtained a confluent eruption. The small-pox was complete—it had been regenerated.

These facts were significant, and should not be lost. Guided by our master we have collected, upon the sixteenth day, the virus of which we despaired; that is, a virus which never becomes papular until the fourth day, pustular the sixth, and is surrounded by an areola on the seventh, begins to dry on the tenth, and the scabs fall off on the fifteenth. We inoculated with this virus a healthy infant; afterwards taking it, we have transmitted it through a series of infants, in the best possible condition. At the end of a certain number of generations, it appeared that the new vaccination had become more virulent, manifested sooner its effects, terminated later its evolutions, than the virus with which we set out. But not wishing to be deceived by any illusion, we had transported to the mayory of the ninth ward a child to be vaccinated. On the eighth day we took the virus, and with it inoculated the left arm of a healthy infant, whilst into the right arm we inserted our virus of six days. Many children were inoculated in this same manner, and it appeared to us that our *virus regenerated* was much more powerful than the ordinary virus of the city.

Who does not perceive that we have only acted as the horticulturist, who collects in the country his simple seeds, sows them in selected soils, obtains varieties, culls the best of them, sows them anew, and thus, after many generations, obtains the most beautiful flowers of our parterres; the origin of which most men do not imagine?

We will recapitulate by saying that, it appears to us, according to the facts which we have collected, that a vaccine virus, enfeebled by successive transmissions, can, when placed under certain conditions, be made to regain the strength it had lost.

Vesico-Intestinal Fistula.—(Translated for the Western Lancet, from the *Journal des Connaissances Medicales*, by D. L. FREEMAN, M. D., Floydsburg, Ky.)

Dr. Strum reports the following, which should be ranked among the rarest cases in Pathology. A man aged forty years, in the enjoyment of good health, with the exception of some slight attacks of Hypochondriasis, felt in 1844 the first signs of a hemorrhoidal affection. His stools were irregular, and he suffered pains in the region of the sacrum. The veins around the anus were tumefied. Soon after, he was attacked with lancinating pains, of a peculiar character. These returned in paroxysms of short duration, and extended from the root to the glans penis. In other respects, his health was not impaired.

In December, 1844, the patient remarked that during the emissions of urine, and sometimes even without urinating, that gas escaped by the penis. A little later, he found in his night-vessel some fragments of almonds that he had eaten during the day, which were passed with the urine, then morsels of fæcal matter, of which the quantity gradually increased, and obstructed at intervals the canal of the urethra.

The evacuations per annum gradually diminished. Neither catheterism of the bladder nor of the intestine led to the discovery of the fistulous opening between the bladder and the intestine. In 1845, DIEFFENBACH was consulted, but his prescriptions were without effect. The only relief the patient experienced was due to the injection of large quantities of water. The general aspect of the patient was good, the appetite unimpaired, emaciation progressed but slowly, and

the strength failed but little. Notwithstanding the pains increased, and finally became so intolerable as to produce maniacal paroxysms. In April, 1845, peritonitis terminated fatally.

AUTOPSY.—In opening the abdomen, there issued a large quantity of brownish, offensive liquid, mingled with purulent floculi. The ascending and descending colon adhered to the other intestines and the mesentery. The liver, spleen, and gall bladder were covered with resisting false membrane; but their texture was not altered. The ascending colon was distended with gas, and contained much fæcal matter. The descending portion, at its inferior part, was so firmly adherent to the bladder and neighboring organs, that they could not be detached. About eight inches above the anus the adhesion of the intestine with the bladder was still more intimate, for the space of two inches, and at the middle of this, there was an opening of an inch in diameter, which established the communication between the bladder and the intestine. The bladder contained a yellowish, liquid fæcal matter; its mucous membrane was thickened, of a bluish-marbled color, covered with a yellowish mucus, and dotted over with very prominent varicose dilatations. No diminution in the caliber of the colon or rectum. The mucous follicles of the rectum were greatly developed, and immediately above the sphincterani was a crown of dilated veins. No trace of tubercles or cancerous deposit. Dr. Strum attributes the fistula to an ulcerative inflammation of a vesical varix, which had at first excited local adhesion, and afterwards led to the perforation.

Proceedings of Societies.

Paper read before the Cincinnati Medical Society, September 2d, 1856, *by* B. F. RICHARDSON, M. D. *Comparative Statistics of Operative Obstetricy.*

"It may be needful once more to compare the practice of different institutions, that you may be convinced that the first principles of operative midwifery have not yet been established—at least that they are not generally understood—and that there is no other branch of surgery at the present time in such a rude condition." Such was the language of Prof. Robert Lee, of London, to his class, prior to the year 1843. I believe that it is almost as true of this as of that day. There seems to be a general indisposition upon the part of the profession to devote themselves earnestly and sedulously to the study of obstetricy. I may do injustice to my medical brethren at large, in regard to their attainments in scientific and practical midwifery. I, however, only give utterance to my honest convictions, and desire not to under-estimate the proficiency of the profession in this particular branch. If I am correct in my assumption, then why should such a state of things exist? There is no part of our duties as general practitioners that imposes upon us greater responsibility than this. In no division of medicine is circumspection, cool deliberation, and promptness of action, both mental and physical, more imperatively demanded; and in no other class of cases does the preservation of life so evidently depend, as upon the timely aid of the cultivated, judicious, and self-possessed obstetrician.

As an apology for the uncertainty which exists in regard to the principles and rules which should govern the accoucher in his supervision of labors, we are told that eminent men pursue a widely different course; that whereas some use the

forceps, for instance, only once in 728 labors, other men, equally as authoritative, use them in every seven, eight, or nine cases; and that, therefore, the ordinary practitioner, with his comparatively limited experience, cannot expect to acquire well established ideas in regard to this branch of practice. In my humble opinion, this is a mistaken view of the subject. We have the accumulated statistics, derived from the observations and practice of many eminent and truly talented men in different countries, whose opportunities and experience have been vast and diversified. Now, an analysis of the tables, and a comparison of the *results* of their practice, ought certainly to teach us something in regard to the operation of those principles and rules which they have inculcated and adopted; and, to that end, I have examined the results of British, French, and German obstetrical practice, taking as a basis for my calculations 45,634 British, 44,760 French, and 261,224 German cases of labor.

The comparative calculations of Prof. Churchill are defective and unfairly partial towards British practitioners, in two or three particulars. He has put cases into his aggregate tables, the analysis of which does not appear in his comparative tables, and he has introduced favorable operative results into the latter, whose aggregate does not appear in his general tables. Again, Mr. Collins' crotchet cases amount to one hundred and eighteen in the aggregate; but only seventy-nine are selected as suitable for the analytical table, out of which he lost fifteen of the mothers. The other thirty-nine are excluded by Mr. Collins himself, and in this peculiarity he is imitated by all authors, so far as I have examined. Now, at least twenty-seven out of these thirty-nine are proper cases for the analytical table. Nineteen of them occurred in cases of *rupture of the uterus*. According to Mr. Collins' own record they legitimately constitute an element by which to estimate the comparative mortality to the mother. In eight other of these cases the labors became complicated by convulsions, and the record of their *management*, before and after the occurrence

of the complication, clearly indicates the unfairness of their exclusion; for, in four of them Mr. Collins himself admits that death was not attributable to the convulsions. We may, therefore, with fairness and propriety, add to the *seventy-nine* cases these *twenty-seven*, out of which latter he lost *twenty-three* of the mothers. We consequently have *one hundred and six*, instead of *seventy-nine* cases, as a legitimate element of the analytical table, and of this number he lost *thirty-eight* of the mothers, or *more than every third one!*

Mr. Collins also stands pre-eminent in the infrequency of his forceps deliveries, as an *alternative*. He is always represented in tables, so far as I have observed, as having used the forceps *once* in every six hundred and seventeen labors; but *as an alternative* he, in reality, only used them *once in fourteen hundred and ninety-two cases*, or, if we include with them his *three* lever deliveries—*once* in *eleven hundred and seventy-two*.

Thirteen of his forceps deliveries were precipitated by the labors becoming *complex; three* of them were accomplished with the lever, and we therefore have remaining but *eleven* cases wherein he used the forceps *as an alternative* for unsuccessful natural efforts.

These *omissions* and *additions* constitute elements of error, when we come to consider forceps and crotchet deliveries as alternatives for unsuccessful natural efforts. The erroneous results of some of these tabular defects have been corrected, although for the present I shall allow the British authorities the advantage of the omissions and additions in the practice of Dr. Collins, after having thus pointed them out.

Amongst the British, French, and German practitioners, the following tables will give the mean frequency of forceps and crotchet deliveries, respectively:

Country.	Number of Labors.	Forceps Cases.	Proportions.
British	42,634	126	1 in 302
French	44,736	277	1 in 162
German	261,224	1,702	1 in 153

Country.	Number of Labors.	Crotchet Cases.	Proportions.
British	47,831	218	1 in 219
French	36,169	30	1 in 1,206
German	256,655	132	1 in 1,944

The British use the forceps only three times where they use the crotchet five times; the French use them eight times where they use the crotchet once, and the Germans use them thirteen times to the crotchet once.

Taking 45,634 labors as a basis for comparison, we have the following results of operative midwifery, so far as the forceps and crotchet are concerned, between the British, French, and German obstetricians:

	British.	Proportional Mortality.	Mothers Lost.	Proportional Mortality.	Children Lost.
45,634	Forceps Cases..126	1 in 17½	7	1 in 3	42
	Crotchet Cases.208	1 in 4	22	all.	208
		Total....	29		Total..250

	French.	Proportional Mortality.	Mothers Lost.	Proportional Mortality.	Children Lost.
45,634	Forceps Cases..282	1 in 8½	33	1 in 6	47
	Crotchet Cases. 38	1 in 4	9	all.	38
		Total....	42		Total..85

	German.	Proportional Mortality.	Mothers Lost.	Proportional Mortality.	Children Lost.
45,634	Forceps Cases....284	1 in 19	15	1 in 6	47
	Crotchet Cases... 23	1 in 3 2-9	7	all.	23
		Total....	22		Total..70

Thus, it will be seen, that the comparative results are condemnatory of British practice, and most favorable to that of the Germans.

That these unfavorable results of British practice are the legitimate fruits of the principles and injunctions laid down and followed by their most authoritative teachers, even up to a recent period, I shall undertake to establish in a subsequent paper. For the present, I shall content myself with drawing a comparison between the practice and its results of Mr. Collins, of Dublin, who stands above all others as the *representative* of non-operative midwifery, and Prof. F. H. Ramsbotham, of London, who truly, in his practice, exemplifies conservative progress in the science and art of obstetrics:

Mr. Collins in 16,414 labors, used the forceps 11 times, or 1 in 1,492. Mr. Ramsbotham in 48,996 labors, used the forceps 73 times, or 1 in 671.

Mr. Collins in 16,414 labors, used the crotchet 118 times, or 1 in 141. Mr. Ramsbotham in 48,996 labors, used the crotchet 60 times, or 1 in 817; or if we properly add 23 cases of prematurely induced labor, 1 in 590.

Mr. Collins in 16,414 labors, had 34 cases of ruptured uterus, 1 in 483. Mr. Ramsbotham in 48,996 labors, had 8 cases of ruptured uterus, 1 in 6,128.

Mr. Collins in 106 craniotomy cases, proper for analysis, lost 38 of the mothers, or more than 1 in 3. Mr. Ramsbotham in 60 lost 6 of the mothers, or 1 in 10.

Mr. Collins in 24 forceps cases, lost 4 of the mothers, or 1 in 6. Mr. Ramsbotham in 73 forceps cases, lost 3 of the mothers, or 1 in 24.

Mr. Collins in 16,414 labors, lost 164 mothers, or 1 in 100. Mr. Ramsbotham in 48,996 labors, lost 162 mothers, or 1 in 302

Mr. Collins in 16,654 births, had 1,121 born still, or 1 in 15. Mr. Ramsbotham in 49,538 births, had 1,822 born still, or 1 in 27.

It will be observed that a departure from the *non-interference* theory and practice of Mr. Collins, is attended by far more favorable results to both mother and child; and a *further* departure and *less* conservatism upon the part of Prof. Ramsbotham, would doubtless be followed by a proportional decrease of maternal and infantile mortality.

Reviews and Notices.

On the Diseases of Infants and Children. By Fleetwood Churchill, M. D. M. R. I. A. &c., &c., Second American Edition, enlarged and revised by the Author. Edited with Additions, by William V. Keating, M. D. A. M., Phil., Blanchard and Lea. 1856. pp. 735.

The author states in his Preface that in preparing this edition for the press, he has endeavored carefully to add all the information

that could be derived from recent researches, and "hopes that the work may be deemed more worthy of the kindness it has received at the hands of my American brethren, to whom once more I desire to offer my sincere thanks for the welcome they have accorded to this, as well as my other volumes."

He also informs us that this volume owes its existence to the solicitations of his "excellent American publishers," who, doubtless, were well prepared to appreciate the value of his name, and to return suitable acknowledgments of the same. Our own country has certainly produced some works of value on the subject under consideration. The names of Eberle, Dewees, Francis, Lindsly, Horner, Parrish, Stewart, Condie, and Ware, are favorably known to all who make any pretensions to an acquaintance with the labors of their own countrymen, and like ourselves they must feel not a little humiliation, that the "excellent" publishers of the work before us, were under the necessity of sending to Dublin city for an author whose name could remunerate them for its publication. But publishers, as well as readers, must live, nor can they be blamed, in a business point of view, for entering into such arrangements as shall most promote their interests. We are satisfied, however, that more than one might have been found among our own physicians, who could have *compiled* (for Dr. Churchill's is but little more than a compilation), a treatise of equal value with thepresent, which "has been written in the midst of the distractions of professional business, or at hours which are usually devoted to rest."

The limits of our journal would not admit, even were we disposed to attempt the task, of a critical analysis of its merits. It was evidently designed to form an Encyclopedia on the nature and treatment of infantile diseases, and we are compelled to acknowledge that we know of none in the English language better entitled to such a character. There is one disease, however, peculiar to our climate, which no European author can be competent to discuss. We allude to Cholera Infantum, that plague of our large cities, the existence of which is doubted by many transatlantic writers. Again, in the treatment of the laryngeal or tracheal affections of children by topical applications, we believe we may claim superiority on the part of the American practitioners. Dr. Churchill unquestionably exhibits a much more extended acquaintance with the writings of our countrymen than do most European authors, yet we reiterate

what we have before asserted, that more than one might have been found among American authors, who were capable of producing a work equal in every respect to this of Dr. Churchill. If our publishers are to pursue the course adopted in bringing out the present treatise, American authors, like Lightfoot in the Nursery Tale, must contest the race with their legs tied—a race, which it is needless to add, under such disadvantages, cannot always be to the swift.—For sale by H. W. Derby. B.

Human Physiology, Statical and Dynamical; or the Conditions and Course of the Life of Man. By JOHN WILLIAM DRAPER, M. D., L. L. D., Professor of Chemistry and Physiology in the University of New York. Illustrated with nearly 300 wood engravings. Harper & Brothers, N. Y. 1856, pp. 649.

This work has been so extensively advertised through the medium of "Harper's Magazine," that we do not deem it necessary to enter into any lengthy examination of its contents. The author candidly admits that, "beyond the suggestion of a trifling fact or idea here and there, the matter presented is not original with him, but derived from other sources." The volume is of special interest as illustrating the important services which Photography is destined to render science as well as art, nearly all of the copied engravings, having been obtained through the intervention of photographs. These illustrations, compared with those in Cruveilhier's Anatomy, issued by the same wealthy publishers a few years since, must satisfy the most sceptical that Photography is an invaluable contribution to the arts, and, for the improvement by which this process is made available, we are indebted to Prof. Draper himself. In the preparation of this volume, the author seems to have had in view the instruction of the general as well as the professional reader, and he refers with much emphasis to the advantages to arise if the elements of physiology were made a part of general education. "Such a diffusion of physiological knowledge would not only tend to a repression of empiricism, but would also exert an effect in raising the standard of acquirement among medical men themselves." That a great revolution is impending in the practice of medicine, no one who is at all observant of the progress of science can doubt. The great physicians of the future will be the great physiologists. He

who can best correct the imperfections of a machine is he who best knows its structure and action."

In concluding our brief notice of Prof. Draper's treatise, we have no hesitation in pronouncing it to be one of the most interesting and instructive with which we are acquainted, and we cannot too strongly recommend it both to the profession and the laity. We regret that we have not space to transcribe certain portions of the work, for throughout it breathes the spirit of science and devotion. Prof. Draper, to use his own language, has presented philosophic truth in such a way as to be conducive to our highest and most enduring interests. For sale by H. W. Derby. B.

A Treatise on Therapeutics, and Pharmacology, or Materia Medica. By George B. Wood, M. D., late President of the American Medical Association; President of the College of Physicians of Philadelphia; Professor of the Theory and Practice of Medicine in the University of Pennsylvania; Senior Physician of the Pennsylvania Hospital; one of the Authors of the United States Dispensatory; Author of a Treatise on the Practice of Medicine; etc., etc. In two volumes. J. B. Lippincott & Co., 1856, pp. 1741.

The numerous friends and admirers of Prof. Geo. Wood, cannot but hail with delight the appearance of this Treatise on Materia Medica. The vast experience of the author, and the attention which for many years he has bestowed upon the subject, render him peculiarly qualified for such an undertaking. In our next we shall notice the work at greater length. For sale by H. W. Derby.

B.

The Causes and Curative Treatment of Sterility, with a Preliminary Statement of the Physiology of Generation, with colored Lithographs and numerous Wood-cut Illustrations. By Augustus K. Gardner, A. M., M. D., Permanent Member of the National Medical Association; Fellow of the New York Academy of Medicine, &c., &c., &c.

This is the title of a work published by Dewitt & Davenport, of New York, and although the names of the publishers are well known

to the readers of "light" modern literature, yet we doubt whether they have any very substantial claims to the patronage of the medical profession. From the first appearance of the volume before us, we have watched with no little curiosity for its reception by the medical press, and now that the real object of its publication can no longer be disguised, we may express our opinion without any misgivings. The Reviews of this work, so far as we are aware, have declared that it contains nothing new, with the exception of the "pictorial illustrations," and while they have admitted that these "adornings" exhibited the highest perfection of art, they have ventured to express a doubt of the influence which they may exert upon "eyes and minds unholy." Our neighbor of the *Independent*, full of "that charity which is easily entreated, that hopeth all things, and is kind," would fain believe that the author has been actuated by no other than pure and legitimate motives—"that the sordid element alone has not been *the sole motive* that prompted him to produce the work." Perhaps we might have been filled with the same charity, had not a copy of the New York *Tribune* recently fallen into our hands, from which we copy the following, being but a part of the advertisement in that paper:

"NOW READY.

Sterility, its Causes and Curative Treatment.—With a Preliminary Statement of the Physiology of Generation.—Colored lithographs and Numerous Wood-Cut Illustrations. By George K. Gardner, A. M., M. D., Permanent Member of the American Medical Association, Fellow of the New York Academy of Medicine, &c., &c., &c.

This is one of the ablest and most valuable Medical Works ever published on a subject of vital importance to all those who have heretofore supposed Sterility to be incurable.

It is clearly and concisely written, and illustrated in a manner to make it easy of comprehension to readers of all classes. We give a portion of the

CONTENTS:

I.—PHYSIOLOGY OF GENERATION.

In what reproduction consists—Fecundation in plants and fish—Stated times of impregnation in animals and women—That the woman who menstruates is capable of being fecundated—Identity of fecundation in all animal life—Theory of producing sexes at will—Proportion of male to female births—Description of the ovum—Male life principle—The female organs of reproduction—Their functions—Manner of menstruation—The human egg—Anatomy of egg—Man in his first estate—Semen—Its composition—Development of Spermatozoa—Manner of union of the male and female life-giving principle—Action of uterus in congress—Bischoff's and others' views—Distinctive duties of the divisions of the germ vesicle—Growth of development ceases and the growth of augmentation commences.

II.—PATHOLOGY OF STERILITY.

Fecundation—How insured—Circumstances preventing—Affections of the vagina—Impotence of male from malformations, disease, &c.—Effects of various vaginal discharges—Various appearance of hymen—Constriction of, and strictures in the vagina—Prolapsus, mal-positions, flexions and versions of uterus—Affections of os and cervix uteri—Polypi of uterus—Value of the speculum in diagnosis—Diseases of the os and cervix, the analogue of various skin-diseases—A scrofulous diathesis having a marked tendency to uterine disease, also to fecundation—Symptoms of uterine disease character of vaginal discharges—Cause of death of spermatozoa—Falling of the womb—Leucorrhœa an evidence of a strumous diathesis—Speculum os uteri—Effects of inordinate sexual intercourse—Diseases of cavity of the uterus—Uterus ossified—Metritis—Diseases of the fallopian tubes—Stricture—Rupture—Obliteration—Disease of fimbrated extremity—Polypi—Disease of ovary—Tumors in and around—Hernia of, absence of, atrophy—Rheumatism and neuralgia of uterus and appendages—Influence of fatness as causing sterility—'Free martins'—The female of male and female twins, barren—Mental manifestations of the diseased—Absence of sexual appetites from over stimulation, venereal excesses, masturbation, &c.

III.—THERAPEUTICS OF STERILITY.

Treatment and cure sometimes synonymous —Requisites for fecundation—Operations on Hymen—Strictures of vagina treated—Sensitiveness of vagina from urethral tumors relieved by local anæsthetics—Removal of urethral tumors by knife, ligature, cautery—Eversion of the uterus treated by Simpson's uterine supporter—Polypi—various modes of treatment—excision, torsion, caustics, curette —Little danger of hemorrhage from—Removal by Chaissagnac's ecrasseur—By galvanism —Hydatids—How removed—New form of speculum—Ulcerations treated by local injections of cold water—Infusions of tannin—Caustic applications—Alterations—Sexual intercourse not necessarily interrupted—Issues upon os uteri—Leeches and their danger—Strictures of cervix, and fissures of os—Dysmenorrhœa—Instrument for division of strictures—Sponge Tents—Catarrh of the womb—Treatment by injections—Dangers of—Obliteration of the cavity of the uterus—Probing fallopian tube—Treatment for affections of the ovary—excessive fat—Torper of uterine system—Application of electricity—Syphilitic taint—Sobriety of body and mind recommended."

After this announcement, in detail, of the contents of the work, intended especially, be it remembered, for the public eye, follows a list of Testimonials "from some of the most eminent members of the profession." These testimonials occupy about half a column, and after perusing them, the reader is carried back to the Old Testament days of Abraham and Sarah. He unconsciously recalls to mind the complaints of Abraham for want of an heir, and the laughter of Sarah, æt. 90, when her spouse put the interrogative, Shall *a child* be born unto him that is an hundred years old? Had the author of "The Causes and Curative Treatment of Sterility; with colored Lithographs and numerous Wood-cut Illustrations," lived in those days, Hagar might have been spared the flight from her mistress Sarah, and the Ishmaelites which now infest the earth have all been *nipped* in the bud! But barren Sarahs need no longer entreat their Abrams to "go in unto" their maids, for if they wish to be fruitful, *to multiply exceedingly*, they need but remit two dollars to Robert M. DeWitt, Nassau St., N. Y., for which amount he "will mail a copy, prepaid, to any distance within 3,600 miles." Should the instructions need an interpreter, of course they must apply to the author himself. For sale by H. W. Derby. B.

Practical Anatomy.—A new arrangement of the London Dissector, with numerous modifications and additions, containing a concise description of the muscles, blood-vessels, nerves, viscera and ligaments of the human body as they appear on dissection. With illustrations. By D. Hayes Agnew, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital (Blockley). J. B. Lippincott and Co., Phil., 1856, pp. 310.

The aim of the editor of this new arrangement of the London Dissector has been to render it as concise as possible. It has been

prepared, he states, with a single eye to the faithful economy of the student's time. Some of the illustrations are very well executed.

B.

The Mutual Responsibilities of Physicians and the Community, &c., &c. By HENRY P. TAPPAN, D. D., L. L. D., Chancellor of the University of Michigan.

At the close of the last session of the Medical College of the University of Michigan, the learned chancellor delivered an address of a different character from the majority of those which owe their origin to similar occasions. The mutual responsibilities of the profession and the community was his theme, and we know but few, in this or any other country, more capable of doing justice to such a topic. A scholar, a gentleman, and a christian, for many years his efforts have been unceasing to fully develop our educational resources and *to perfect* the American scholar. Some, who could not have been thoroughly acquainted with his views, have regarded them as utopian, and by no means adapted to the wants of our young and practical country. Aristotelean and scholastic logic may do for such "old fogy" institutions as Oxford or Cambridge, the Britons pride, or it may suit the dreamy transcendentalist of Germany, but what America needs, it is asserted, is *practical* men. True, we need practical men, but, with Tappan "it would be no evil did all become eminent men ?" One cause of the great and manifold evils which render the title of Physician, at the present day, so little to be coveted, is undoubtedly the imperfect education of the masses of medical men. Another very important reason for the low estimation in which medical men are regarded, we fear is to be found in the fact, that many physicians have neglected to cultivate "the spirit, the honor, and the manners of gentlemen."

"Who does not love that good old word, *gentleman?* Who does not reverence what it conveys ? It is no monopoly of family, wealth, or station : it is simply a cultivated, refined, and proper humanity. It is not a plant growing only under the shadow of monarchies and in the gardens of aristocracy : it is, originally, a wild flower of nature which culture develops to its full luxuriance and perfection. Thomas Jefferson, the leader of the democracy, was a gentleman. Benjamin Franklin, the philosopher of the people, was a gentleman.

Benjamin Rush, the patriarch of American physicians, was a gentleman.

"The human soul is a worthy thing: it is all that makes us men. That human soul imbued with knowledge and the principles of truth, wisdom, and goodness, and refined by genial culture, becomes the soul of a gentleman. The condition of the soul, within, gives its expressions, without, in the attitudes and movements of the person, in the looks of the countenance, in the forms of speech, in the very tones of the voice, and in the habits of daily life. A gentleman cannot be made by dress, by pretension, by assumed airs of consequence and gentility, by the affectation of refinement, or by attempting to conceal, under freedom and ease of manner, the vulgarity and rudeness which reign within. Perfection of manners demands perfection of grace; and yet grace of manner may be gained, by associating with the world, without any grace and goodness of heart. And, although awkwardness is never desirable, a man awkward through natural timidity may, nevertheless, be a true gentleman. He may be awkward, but he will never be uncourteous, coarse, and rude.

"One who is called to mingle with all varieties of people, like the physician, will open human hearts, inspire confidence, scatter sunshine, and win his way, by being simply a gentleman.

"And then the honor of a gentleman—what a glorious thing is the honor of a gentleman! You may pile upon a man any amount of learning and cultivation; you may give him the highest talents, the greatest professional skill; you may even clothe him with a religious profession; and yet, if he have not the honor of a gentleman, he is not to be trusted.

"But when we speak of this unimpeachable honor, do we not imply that keen moral sense which would seem naturally to develop itself into all that is pure in morals, and sincere and holy in religion? Are we not therefore to expect of a physician that he shall be the friend of morality and religion, and lend all his influence in supporting them? Happy is he who can unite with that professional skill which relieves disease, with those gentlemanly manners which breed attraction, with that unsullied honor which wins confidence, the spirit of a sincere and devout christian! The physician dwells with those who are hovering on the borders of eternity. He is ever among the sick and the dying, and the lamentations of the bereaved are continually falling upon his ear. He keeps 'watch o'er man's mortality.' Firmness, coolness, and cheerfulness he must have, for these qualities are necessary to a proper discharge of his duties, and exert over the sick a recuperative power. But should he not, also, have the religious tenderness and sympathy which would lead him to point the eye of the dying to the cross of Christ, and to show the afflicted the living waters of consolation?"

The University of Michigan may well be proud of its Chancellor, and the cause of education throughout the whole West must be advanced by the labors of one who, in himself, is the embodiment of all that constitutes the scientific and the accomplished gentleman! B.

Editorial.

MEDICAL COLLEGE OF OHIO.

The thirty-seventh annual course of lectures in this institution commences on the 15th inst.; and we are gratified to observe the indications of an improvement in the class, as compared with the last session. Numerous causes have conspired, within the last few years, greatly to depress the cause of medical education in the West; and so potent have been the adverse influences, that the three regular schools of Cincinnati had not in the aggregate, during the past session, as many pupils as formerly attended the Medical College of Ohio alone. Many members of the profession, looking alone at the results, and not comprehending the temporary character of these adverse circumstances, were ready to conclude that the "Queen City" had lost her *prestige*, and would never again become the great Occidental seat of medical teaching. Prophetic croakers have been numerous enough, but we trust their mission is about to close.

The matriculants in the Medical College of Ohio are at this time (Sept. 20th) more than they have been for many years at a corresponding date; and although it may not be sufficient to base a positive assertion upon, yet it is fair to infer that there will be a large increase the ensuing session. This we had a right to expect. Cincinnati possesses superior advantages as a point for medical education; and just as certainly as effects follow causes, will these advantages sustain a large and flourishing school. The Medical College of Ohio possesses the advantages of a fine edifice, one unsurpassed in the United States; and in addition to this, and what is still more important, her clinical facilities are of the first order. The Commercial Hospital being under the medical supervision of the Faculty, affords a large and varied field for medical and pathological studies, and is unsurpassed as a theater for surgical pursuits.

We may add further, that the Faculty are zealous and determined, and will perform every duty necessary to insure the pupils a full and complete course of instruction.

With these elements of success, it requires no great amount of enthusiasm to create an opinion that the Medical College of Ohio will

rapidly recuperate from her recent depression, and that her continued success is placed beyond the possibility of a doubt. We cordially invite those who are seeking medical instruction, to test the facilities of this institution, and to become familiar with its advantages, before rejecting its claims to their confidence and support.

*

PRELIMINARY COURSE.

We would urge upon all students who design attending the Lectures in the Medical College of Ohio the coming winter session, to be present, if possible, during the preliminary course. There are many reasons why students should avail themselves of this course: *First*, because important specialities will be presented, which cannot be so fully discussed during the regular term; *second*, the regular term is entirely too short to present a complete curriculum of medical study; *third*, students can have all their arrangements made—boarding-houses secured, etc., before the regular lectures commence.

The following will be the subjects presented:

General Diagnosis, by Prof. ARMOR; *Physical Diagnosis*, by Prof. LAWSON; *Anatomy of the Eye*, by Prof. WOOD; *Surgery of the Eye*, by Prof. BLACKMAN; *Diagnosis of Infantile Disease*, by Prof. MARSHALL; *Medical Botany*, by Prof. WARDER; *Medical Jurisprudence*, by Prof. TATE; *General Therapeutics*, by Prof. GRAHAM; *Chemical Analysis of Animal Secretions*, by Prof. WAYNE.

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☞ Although we have not the honor of a personal acquaintance with the historian of the Ohio State Medical Society, who writes under the signature of "*Paul Caustic*," we are assured by those who have, that he is one of our best educated physicians, and fully acquainted with the subject he proposes, in a series of papers, to discuss. We give insertion to his articles, believing that he has the interests of the profession at heart. If his history be true, his cauterization must be productive of beneficial results. B.

☞ Dr. Isaac Taylor, physician to Bellevue Hospital, N. Y., has published, in the September number of the N. Y. Journal of Medicine, a valuable paper "On the Sunburnt Appearance of the Skin as an early Diagnostic Symptom of Supra-Renal Capsule Disease." The paper is accompanied with illustrations. M. Trousseau suggests that this *bronze* disease should be denominated "Addison's disease," in honor of the distinguished physician of Guy's Hospital, who first pointed out the frequent connection of this affection with disease of the supra-renal capsules. This would be but an act of justice equal

to the addition to our nomenclature of "Bright's Disease," "Potts' Disease," etc. On the same principle, the London Times and Gazette suggests that we should call insufficiency of the aortic valves "Corrigan's Disease," and endocarditis "Bouillaud's Disease."

B.

☞ Dr. Dowler has reported in the New Orleans Medical and Surgical Journal, for September, a case of troublesome and alarming hemorrhage following the extraction of a tooth. After sponging the socket, a plug of lint, moistened with a solution of tannic acid, was placed in the cavity, over which a compress was fitted, and the jaws were bound together. This produced but a temporary cessation of the hemorrhage, and on its recurrence the actual cautery was at once applied. Two wires were used, the tip ends of which were bent at right angles; one wire being about the size of a crow quill, and the other that of a common knitting-needle. The hemorrhage was checked, and a plug and compress were applied as before, and the jaws tightly bandaged. Five days afterward, the hemorrhage returned, and the cautery was re-applied. The bleeding again ceased, but in the course of six days became as profuse as ever. Lint saturated with the perchloride of iron was now placed in the socket, the compress was applied, and the jaws bound together. Three days afterwards fresh blood appeared, the socket was again sponged, and refilled with lint dipped in the same solution. Eight drops, three times a day, were administered internally. After this, the hemorrhage did not return. Dr. D. refers to other instances of hemorrhage from various organs, in which the perchloride of iron was used with decided benefit. During the past week, the writer has employed it, together with the actual cautery, in a case of serious hemorrhage, following a lacerated wound of the tongue. The boy, of a hemorrhagic diathesis, in a fall against the lower jaw, caused one of the incisor teeth to be driven nearly through the substance of the tongue. We have no doubt that in this case the styptic materially aided the effects of the actual cautery.

B.

☞ Dr. H. Tyler Smith, in his lectures on Obstetrics, now publishing in the London Lancet, remarks in Lecture XI. as follows:

"The amount of disturbance to which some women may be exposed without inducing abortion is extraordinary. Mauriceau relates the case of a woman, in the seventh month of pregnancy, who fell from the window of a house, and besides extensive bruises, broke one of the bones of the forearm, and dislocated the wrist, without abortion. Dr. Henry Davies once told me of the case of a woman,

who, throwing some water from a window, lost her balance, and fell into the street, breaking both her thighs, but recovered without abortion."

A still more extraordinary case occurred last winter, in this city. The patient was under the care of Dr. Fries and myself. A robust German female, about 26 years of age, and five months pregnant, fell into a well, and descended 51 feet! She suffered an oblique fracture of the thigh, complete dislocation at the knee joint, and a fracture both of the tibia and fibula just above the ankle! At no time after the accident did she manifest any signs of abortion, but went her full time, and was delivered, some time in June last, of a well-formed, healthy child. It may not prove uninteresting to mention that during the pregnancy, the fracture in the vicinity of the ankle joint failed to unite. After delivery, the process of reparation commenced, although slowly, and she is now regaining the use of her limb. B.

☞ M. Malgaigne, in his treatise on Dislocations, published in 1855, remarks (p. 1098), that he is aware of but two instances of luxation of the phalanges of the toes. One of these occurred in the practice of M. Broca. The second phalanx of the third toe was partially dislocated upwards on the first: the other was observed by M. Pinel. The latter was a compound dislocation of the phalanx of the great toe, produced by the falling of a horse upon the foot. Dr. H. N. Bennett, of Bridgeport, Conn., some two years since, furnished us with the notes of the following remarkable case!

An Irish laborer, engaged in laying water-pipes, was struck upon the foot by a pipe of large dimensions, and which weighed about 200 lbs. It descended perpendicularly, or nearly so, from a platform, the edge of the pipe striking upon the second phalanx of the great toe, dislocating it at both ends, and leaving the first in situ. The bone was driven into the ball of the foot, the metatarsal extremity lying beneath the first metatarsal bone, the other projected just beneath the integuments. The physician first called could not reduce the bone, and it remained in this position for four months. At this time I first saw the case, and recommended the exsection of the bone, which was successfully performed, leaving the toe of normal appearance, with the exception that it was diminished in length about three-quarters of an inch.

Sir Astley Cooper met with but one instance of dislocation of the toes from the metatarsal bones. This was produced by falling from a considerable height. There was a considerable projection at the roots of all the smaller toes, the extremity of each metatarsal bone being placed under the first phalanx of its corresponding toe.

B.

MEDICAL EDUCATION IN CANADA.

From the Annual Announcement of the Faculty of Medicine of McGill College, Montreal, for the session 1856–57, we perceive that our Canadian brethren require a far more thorough and extensive course of study than is pursued in the medical colleges of the United States The Montreal Medical Chronicle, for September, challenges "a comparison with the educational resources of the very few schools of medicine in America that can claim any entitlement to a character of respectability, much less to one of utility." The McGill College professes to imitate the curricula of the best British schools. Indeed, their tickets are received by the British colleges, and it is needless to add, could not be consistently refused by any of our own institutions. No one is admitted to the Degree of Doctor of Medicine and Surgery, who has not attended lectures for a period of at least four sessions, of six months' duration. Again, previous to his examination for a Degree, he must give proof of "competent" classical attainments, and students are recommended to submit to this examination when they first begin their attendance at the college. The following is an extract from their circular:

"An extended division of subjects, as will be observed by reference to the table of classes, coupled with the six months' duration of the courses, affords a sufficiency of time for the amplest instruction in each branch of medical study; while the statutory prosecution of it during the period of four years, alike agreeing with the British model, enables the student to become more thoroughly acquainted with his subject, and fully prepared to undergo a strict theoretical and practical examination at its termination. The high character which the degree in medicine of this university has secured for its possessors, both on this continent and in Great Britain, is a fact to which the Faculty appeals with pleasure, as it has been the reward of its unceasing labors.

"With regard to the manner in which the examinations are conducted, it may be necessary to observe that, within the last three years, they have been divided into a primary and a final. The former, which may be undergone at the expiration of the third winter session, is restricted to the elementary branches of Anatomy, Chemistry, Institutes of Medicine, and Materia Medica; the latter, at the conclusion of the full term, is confined to the practical branches of Medicine, Surgery, Midwifery, and Medical Jurisprudence. The candidate for the degree is examined on each branch by the professor, thus securing to him an impartial but strict and fair inquiry into his knowledge. The Faculty has found this division of the professional examination of great benefit to the student, as it enables him to confine his attention more exclusively to the elementary branches of his profession for his 'Primary,' thus laying a more substantial foundation, upon which the superstructure, established by the

successful 'Final,' based upon his practical acquaintance with disease during the last two years of studentship, but especially during the last, is to be founded. The Faculty has every reason to be satisfied with this modification of the 'Examinations,' as it has compelled upon the student an intimate knowledge of the elementary branches, without a due acquaintance with which no one can become an accomplished physician. The double examination, however, is optional with the candidate for the degree." B.

☞ The crowded state of the original department prevents the insertion of several articles prepared for the present number. As many of the readers of the Lancet are already aware, the subscriber, with the commencement of the new volume (January), becomes sole editor and proprietor. It is his intention to enlarge the journal, and he has made arrangements by which numerous illustrations will appear. Further particulars in the November number.

B.

Miscellaneous.

A Calcareous Placenta.—The Medical Independent, for August, contains the full report by Dr. Gorton of a case of calcareous placenta. The mother, aged thirty, had previously been delivered of four healthy children, and nothing of moment had occurred, except in her last confinement, when the placenta was so strongly adherent as to require considerable force for its removal. The following is an extract from Dr. Gorton's report:

"On my arrival I found light pains, the membranes slightly protruding, no fever, and predicted for her a speedy delivery and usual favorable recovery. She again assured me during this conversation, that I was mistaken, for she was 'fully convinced that from my present bed I shall never rise.' The pains increased, the os-uteri opened rapidly, and at 3 o'clock A. M., she was delivered of a full sized, healthy child. On applying my hand to the lower part of the abdomen, I found the uterus lower down, but, instead of the usual round body, it presented a flattened appearance. After waiting some time to notice the effect of the pain, in expelling the placenta, and finding it not advanced, I made an examination. On tracing the cord up to the fundus of the uterus, the placenta was

found entirely adherent, and, instead of its usual spongy feel, of a hardened texture, so intimately connected and so entirely adherent, that its edge could in no part be detached by the finger. After making fruitless efforts to extract the placenta, it was deemed advisable to desist for the present.

This case appeared to present difficulties not easily overcome by the practitioner, or managed with safety to the patient. The uterine contractions were exceedingly strong, but did not in the least effect its detachment. About 11 o'clock the next day, I was met by my friend Colby Knapp, M. D., an eminent and experienced obstetrician, whom I had requested to see the case with me, and to whom I feel myself much indebted for advice, not only in this, but many subjects connected with this particular branch of our profession. The nature of the case was stated, and he was requested to make an examination. He found at this time a strong tonic contraction, the placenta hard and adherent. The most strenuous and judicious efforts, on his part, could not effect the slightest detachment, and it was determined to wait, prescribe anodynes, and be ready to take advantage, if possible, of whatever might occur in the chapter of accidents.

On visiting the patient the next morning, we found her free from pain, had rested well during the night, no hemorrhage, and the state of the uterus in no respect altered, except that the placenta could be more distinctly felt at its edges. At this time my lamented friend, Dr. Henry Mitchell, an eminent surgeon and accoucheur, was associated with us. His efforts to extract the placenta were conducted with his usual skill and address, but with no better success. These repeated examinations and attempts to extract the placenta had been conducted with as much gentleness as possible, at the same time with perseverance and resolution, but nothing had been effected. On further consultation, it was resolved to desist entirely from all manual efforts, give ergot in full doses, in order to assist if possible in accomplishing our object.

The uterine contractions were promptly produced by this agent; aside from the pain, however, no progress was made. The next day an examination was made, merely to see if any change had occurred; there was none. On the night of the fourth day she was very restless, pulse rapid, fever high, and discharge fœtid. The system had begun to sympathize fully with the condition of the uterus; all attempts at extraction from this time were abandoned. It is unnecessary to give a detailed account of the symptoms and treatment of the case from this date. Liq. chlorid soda, injected into the vagina, removed the fœtor for a time. Aperients, anodynes, and diaphoretics were used as symptoms indicated, until the 12th day, when the constitution succumbed from the effect of irritation.

Eight hours after death an examination of the body was made in the presence of Dr. Knapp and a few other medical gentlemen. There was no unusual appearance until we laid open the uterus. The

anterior part of the body, and the neck of this organ were in a normal condition. The placenta reposed upon the upper and back part of the fundus, of about two-thirds the size of a natural placenta at the usual full time of delivery. It was about 1½ inches in thickness. From the insertion of the funis upwards, and about two-thirds of its circumference was *calcareous*, of a grayish-white color, resembling in appearance and hardness more a limestone than a placenta. It was firmly adherent, so much so that the mucous membrane of the uterus seemed incorporated in the mass, and it firmly attached to the walls of the uterus.

What influence the former adhesions had in producing this, or what had excited the convictions of the mother that from this labor she should never recover, I have no solution to offer. None of the gentlemen present had ever met with such a case, although Dr. Knapp had deservedly a greater experience as an accoucher than any general practitioner I have ever known. It is the only case of the kind I have ever met with in a somewhat extended experience.

My attention was called to my notes of this case, by reading the testimony of Dr. Pitcher, of this city, given in the case of Eggerman against Kieffer, who remarked that "he had never seen a case of calcareous placenta—it is merely possible, as the condition requires considerable time for its development."

Such being the testimony of age and experience, we may justly conclude that such unfortunate complications are exceedingly rare."

That such a condition is rare may be inferred from the observation of Rokitansky, in his Pathological Anatomy, Vol. II, Am. Ed., p. 260: "Foreign observers have given instances of osseous deposits in, or ossification of the placenta; they are gibbous, nodulated, or cordate formations, which are probably developed in the placential tissue after it has been obliterated by inflammation, or in the fibrinous coagula caused by hemorrhages."

According to Cruveilhier, ossification almost always takes place on the uterive surface. He makes two varieties; in the first, there is an osseous shell, one or two lines in thickness, spread uniformly, or in patches, over the uterine surface, without penetrating its substance; in the other, needle-like projections penetrate the placenta, and traverse it in every direction. The seat of the latter transformation is in the arterial vessels, while that of the former is in the fibrous membrane which invests the decidua, the ossification always proceeding from the uterine towards the fœtal surface.

In tracing the origin of the degeneration in Dr. Gorton's case, the question may suggest itself to some, Might not a portion of the placenta have been left, in the attempt to extract it in her previous

confinement? Dr. F. H. Ramsbotham believes that a nucleous thus left may undergo hydatinous degeneration; and if the latter, why not the osseous?

Mr. Druitt, the well known author of the "Modern Surgery," published a paper in the London Lancet for February, 1853, in which he maintained that in a structure like the placenta, of but temporary existence, degeneration ought to be regarded as a part of the natural as well as of the morbid history of the animal economy. He considers such changes of no uncommon occurrence, and that these consisted generally of the earthy and the fatty degenerations. He doubts whether any full-grown placenta can be met with that does not exhibit traces of it. Examined microscopically, these earthy deposits may be seen in minute transparent crystals within the investing decidual cells of the fœtal villi. They dissolve readily in acetic acid, with copious effervescence. One thing is certain in view of Mr. Druitt's assertions: that either he is mistaken in his opinion of the frequency of these earthy degenerations, or the rest of his professional brethren must have been very incompetent or superficial observers. B.

☞ The Rochester Democrat of the 15th inst. contains the account of an extraordinary case of poisoning by strychnine. A policeman swallowed, by mistake, four grains of the poison. Emetics failed to excite vomiting.

"Dr. Bly was sent for. Two large emetics, taken in pretty quick succession, failed to cause vomiting. When Dr. Bly arrived, twenty minutes after the poison was taken, the patient lay upon the floor on his back, and was convulsed constantly with the severest form of tetanic spasms, and at times his whole muscular system was rigid, and he lay in the opistholonos position, resting upon his head and his heels, with the body raised clear from the floor in the form of an arch. Several of these terrible spasms occurred in the space of a minute. His jaws were firmly locked, so that he could not swallow, and it was impossible to open his mouth to administer remedies. The approach of anything toward his mouth caused a recurrence of the spasms. Dr. Bly applied chloroform, which relieved the spasms in about three minutes, and stopped them completely in ten minutes, when a third powerful emetic was given. If the chloroform application was remitted, the spasms instantly returned in full force; so that it was found necessary to keep the patient constantly under the influence of the anæsthetic. In about ten minutes after the third emetic was taken, vomiting was produced.

Drs. Bly, Armstrong, and Moore, had arrived at this time. Warm water was now given in large quantities, and thrown off the stomach as often as a sufficient quantity was drank, until it was believed that the stomach was cleansed of the poison remaining in it. The assisting physicians then left the case with Dr. Bly. The chloroform was still administered, and the patient was kept under its effects until 5 o'clock, Sunday morning, when the spasms were almost entirely broken up, and at 6 o'clock they ceased entirely. During the time that the spasmodic action was controlled by the chloroform, the system had opportunity to throw off the poison that had been taken up by the absorbents, and when that was effected, the patient was out of danger. He had retained his consciousness during the whole of the period that he suffered from the effects of the poison. He was, at ten o'clock yesterday, in a comfortable state, with a clear mind and a good pulse. The first decided symptom of returning ease occurred at 3 o'clock, A. M., when the patient requested a chew of tobacco, in which he was indulged.

This case is one of a very remarkable character. It has never before been known, that a person who had swallowed even a grain of strychnine recovered from its effects."

From the newspaper report of the case it appears that previously to the administration of the chloroform several emetics were given at short intervals, but without effect. Dr. George Wood, in his recently published work on Materia Medica, states (Vol. I, p. 821) that he has been informed of a case in which, after the strongest emetics had been taken without effect, a current of electricity directed through the body at the epigastrium was quickly followed by vomiting, in consequence, as Dr. Wood supposes, of the susceptibility of the stomach being aroused by the measure. Dr. W. recommends the sulphate of zinc or tartar emetic, united with ipecacuanha in such cases. Of the different remedies, opium, camphor, ether, chloroform, etc., employed to obviate the effects of the portion of the poison absorbed, the evidence is certainly in favor of the chloroform. Dr. W. quotes from the Western Lancet for February, 1850, the case successfully treated by Dr. Dresbach, of Tiffin, Ohio, in which the most alarming symptoms, caused by swallowing three grains of strychnia, were completely relieved in fifteen minutes, by two drachms of chloroform administered by the mouth. Dr. Wood, like the majority of the Philadelphia physicians, would use, for inhalation, ether instead of chloroform, as "less liable to produce fatal prostration." The statement of the Rochester paper, that no person after having swallowed a grain of strychnia, has recovered from its effects, is disproved by that reported in this Journal, as above stated, for February, 1850. B.

Small-Pox.—Dr. William H. M'Kee reports in the transactions of the medical society of North Carolina, 1855, a case of confluent small-pox, in which he employed, as he supposes with great benefit, the muriated tincture of iron. He was led to resort to it, in consequence of having witnessed its efficacy in the treatment of erysipelas. Neither pain in the head nor delirium would deter Dr. M'Kee, in future, from administering the remedy. In connexion with the subject of small-pox, we would remark, that the recent death of one of our most prominent merchants from this loathsome disease, and that too, after vaccination, is calculated to diminish somewhat our confidence in this measure as a prophylactic.

The following observations by Trousseau, Professor of Clinical Medicine at the Hotel-Dieu of Paris, are worthy of attention.

If the immunity acquired by vaccination is gradually lost, how soon is it lost? In other words, how often is revaccination necessary? This is a question of the highest importance. We have seen that of 40,000 Wurtemburg troops, 20,000 were susceptible of legitimate genuine vaccinia twenty years after the first vaccination, whence we may reasonably conclude that half the population will lose the immunity acquired by vaccination in the course of twenty years. But if half of the individuals who compose a population are completely divested of the vaccinal influence in twenty years, it is extremely probable that many of them were in this condition before this date, at fifteen, ten, or even five years from the date of the first vaccination. I vaccinated a little girl in 1832, at the hospital Necker, who in three years returned to the hospital with varioloid. In this subject, then, the protective power of vaccinia had nearly died out in three years.

In my private practice I revaccinate, every five years, those persons who confide to me the entire direction of their health. Even at these short intervals, I usually have, not vaccinoid, but good vaccine pustules. In my own family, and in those families that have full and entire confidence in me, I revaccinate more frequently —whenever, indeed, small-pox prevails to any extent. Why so? Because I am persuaded that, at a period which varies greatly, the vaccinal immunity is lost, without any appreciable cause. In some families, it is my custom to have a general revaccination whenever a new-born infant is to be vaccinated. It often happens that after several unsuccessful attempts, I obtain a vaccinoid or a regular vaccinia, which proves that the vaccinal immunity is completely or partially lost.

In small-pox epidemics, it is very common for persons to have varioloid who have not been vaccinated for six or ten years. It is proper therefore—I will say more, it is the duty of the physician, to revaccinate at the end of five years; for experience demonstrates that the preservative influence of vaccinia may become extinct in

this lapse of time. As it is impossible to determine, *a priori*, whether individuals are protected or not, it is better to subject them to the slight inconvenience of two, three, or even a dozen vaccinations, than to expose them to the serious danger of varioloid or variola.

How shall revaccination be performed? It is important to multiply the points of insertion of vaccine virus, no matter what has been the number of previous vaccinations. In Eichorn's statistics of vaccination, it is conclusively shown that the greater the number of pustules in the first vaccination, the less likely is revaccination to succeed. Five punctures should be made on each arm. A distinguished accoucheur, a physician of the first arrondissement of Paris, has told me that he never makes fewer than ten punctures, and that he does not remember a single instance of an individual vaccinated by him affected with varioloid or small-pox.

It now remains to inquire whether vaccinia, which afforded such complete protection for ten years after its discovery, so that cases of varioloid among those vaccinated in the early days of vaccination are rare exceptions, whereas great numbers of those vaccinated in 1810, 1815, etc., have suffered from that disease; it is a question, I say, whether vaccinia, thus deteriorated, will not ultimately lose all of its protective power? Persons of my age will not witness this sad change, but it is possible that some of our younger brethren may. If it should so happen, what should be done? Surely what Gregory wished to do, when seeing his small-pox hospital crowded with patients who had once been vaccinated, he exclaimed: "If I had to commence over again with my own children, I would inoculate them!" Gregory had to retract this expression in obedience to the almighty vaccine committee of London, but it is likely that he retained the opinion notwithstanding. Assuredly no one can doubt, at the present day, that variolous inoculation confers a protection far more complete than that bestowed by vaccinia. It is evident that the inoculation of variolous pus gives variola. No one can deny to variola a preservative influence far beyond that of vaccinia. The facts are at hand to testify. In the Marseilles epidemic, the proportion of patients who had previously had small-pox was 1 in 67; the proportion of patients among the vaccinated was 1 in 7. It is not improbable, moreover, that many, if not the majority of the cases inserted in the category of sufferers from previous attacks of variola, on their own testimony or that of their relatives, were in reality cases in which the antecedent disease was only a simple varicella. This would singularly diminish the number of cases in the first category.

In the last century, when small-pox was much better known than now, and was as yet not modified by vaccinia, it was one of the rarest of occurrences for a person to have the disease a second time. It was this fact which induced the physicians of that day to import into Europe the Asiatic practice of inoculation.—*Virginia Medical Journal.*

The "True" Spinal System!—The Rev. Mr. Whewell was somewhat censured by his own countrymen on the appearance of his celebrated "History of the Inductive Sciences," in 1837, because he was unwilling to treat of the general progress of Physiology, as an inductive science. After diligently examining the bold, learned speculations of physiologists, he was unable to discover any system in which the principles and doctrines of the science were so embodied as to command any thing like general assent. The British School of Physiology boasted that it was a practical one, and that it was unincumbered with the fanciful speculations characteristic of their continental brethren. It maintained that the progress of the science in Britain had been strictly inductive, and confidently predicted that time would strengthen the doctrines it had inculcated. But, if recent reports are to be credited, we must believe, also, that the physiologists, not only of Great Britain but of the Continent, have alike been guilty of hasty generalizations, and that the habit of confounding the phenomena *artificially*, with those normally produced, has given rise to the various hypotheses which have prevailed from the earliest period of experimental physiology down to Marshall Hall's "third great era in the history of neurology," or, to "the hand, hatchet, or cane theory" of Dr. Bennet Dowler, of New Orleans. The "True Spinal System," which Dr. Hall regarded as the reward of his years of unremitting labor, of "the sacrifice of hours which should have been devoted to repose," is now mingled with the ruins of exploded systems of former times.

Like the illustrious Harvey, Dr. Marshall Hall was a martyr to his "discovery." For years he saw his opponents diffusing an unfavorable impression through the profession, relative to the value of his labors, and it was not until 1841, that "full reparation" was attempted to be made. This, however, he asserts can never be done, for the *delay* itself is injustice, and, in the second place, the injury can never be completely remedied. "The stab is not the less injurious because we may afterwards endeavor to heal the wound we have inflicted." *Fifteen years*, therefore, is the duration of the "third great era in the history of neurology." No longer shall the question be agitated, whether the glory of the discovery of the excito-motory system be due to Prochaska or to Dr. Marshall Hall. It matters little whether Sir Charles Bell or Mr. Mayo anticipated the results of their investigations, now. To use the language of M. Broca,

we must submit to make a *tabula rasa* of every thing that has been hitherto said on the physiology of the medulla spinalis. No known doctrine or system he declares can live alongside the experiments of M. Brown Sequard, experiments which were performed in the presence of MM. C. Bernard, Bouley, Broca, Giraldes, Goubaux, and Vulpian. From these experiments, it would appear, that the posterior cords of the spinal marrow do not transmit sensory impressions to the brain, but that it is finally effected by the gray substance of the cord, and especially its central portion.

In a communication to the editor of the Charleston Medical Journal and Review, dated Paris, Aug. 1st, 1856, and published in the September number of that Journal, Dr. Brown Sequard thus enumerates the most interesting of the facts he has discovered:

"1st. A transversal section of either the two posterior columns of the spinal cord, instead of diminishing or destroying sensibility, is followed by a notable increase of sensibility in almost all the parts of the body which are behind the section.

"2d. All the parts of the encephalon which are situated in the posterior or superior side of this nervous centre resemble the posterior columns of the spinal marrow in this respect—that a state of hyperæsthesia always follows a transverse section upon any of them.

"3d. After a complete transversal section of the whole spinal cord, except the posterior columns, the transmission of sensitive impressions, from almost all the parts behind the section, does not take place.

"4th. A longitudinal section on the lumbar enlargement of the spinal cord, separating it in two lateral halves, although it does not injure the posterior columns, destroys sensibility in the two posterior limbs.

"5th. The gray matter of the spinal cord seems to be deprived of sensibility, although it is a conductor of sensitive impressions.

"6th. If the whole spinal cord is left undivided, while the central gray matter, and a good part of the posterior cornua are divided transversely, sensibility is lost almost entirely behind the section."

"Now, as to my conclusions, here are some of them. You will see how widely they differ from Dr. Dowler's conclusions:

"1st. There are two kinds of sensitive fibres in the posterior columns (these columns are the only sensitive parts of the cord), some going up towards the encephalon (*centripetal or ascending fibres*), some going in the opposite direction (*centrifugal or descending fibres*).

"2d. There are also ascending and descending fibres in the pos-

terior gray cornua, and the lateral columns; but these fibres, although able to transmit sensitive impressions, are deprived of sensibility.

"3d. The ascending and descending fibres of the posterior columns, and also of the gray cornua, and very likely those of the posterior parts of the lateral columns, come mostly from the posterior roots of the spinal nerves.

"4th. The ascending and descending fibres which have passed from the posterior roots into the posterior columns, the gray cornua, and very likely also in the lateral columns, soon leave these parts to go into the central gray matter.

"5th. The ascending and descending fibres coming from the posterior roots, decussate in the spinal cord, and they make their decussation, in a great measure, very near their place of entrance into this organ. This conclusion is proved, not only by experiments, but by many pathological cases observed in man.

"6th. The transmission of sensitive impressions through the spinal cord towards the encephalon, takes place in some definite directions and not, as many German physiologists have thought, in almost every direction.

"7th. There are some transversal fibres in the spinal cord, coming from the posterior roots, which do not seem to transmit sensitive impressions.

"8th. The part through which sensitive impressions are in the last place transmitted to the sensorium (in the encephalon), is the gray matter, and particularly that of the centre of the cord."

R.

Medical Miscellanies.—William Buckland, D, D., the celebrated geologist and Dean of Westminster, died on the 7th August, at Clapham, Eng. He was appointed to the Deanery of Westminster by Sir Robert Peel, in 1845. It is stated that shortly after his appointment, he became subjected to "the last infirmity of noble minds"—his intellect gave way. In November, 1846, it was our privilege to listen to his preaching, and sure we are that at that period he manifested no symptoms of the disease to which he afterwards became a victim.——The Library of the Royal College of Surgeons, England, contains over 30,000 volumes.——A new edition (the 7th) of Druitt's Surgery has recently been published in London.——According to the Boston Medical and Surgical Journal, Sept. 11th, the health, so long and seriously impaired, of Dr. J. Mason Warren, will soon be re-established. At present he meets his patients at his usual consultation hours, and has partially resumed his duties at the Massachusetts General Hospital. The Warrens are names inseparably associated with American Surgery.

Dr. Jas. Dubois, of New Utrecht, L. I., has fallen a victim to the yellow fever, which is prevailing in that vicinity. At the commencement of the epidemic, Dr. D. was advised by his friends to leave for a more healthy location, but he replied that it was his duty to remain, and not to desert the inhabitants in their hour of affliction. Like a true soldier, he died at the post of duty.

A quack in England has recently been convicted of manslaughter in causing the death of a patient by administering lobelia-inflata in five-grain doses. According to a statement made by Dr. Letheby, in 1853, Professor of Chemistry in the London Hospital, no less than thirteen cases of poisoning had occurred from this drug within the three or four preceding years, and in six of these a coroner's jury brought in a verdict of manslaughter. In the recent trial, the prisoner was sentenced to three months' imprisonment.

Dr. J. V. C. Smith, for many years editor of the Boston Medical and Surgical Journal, is about to establish a new journal, to advocate "more *liberal* principles."

In Mr. Marson's petition to the House of Commons on the Vaccination Bill, 1856, he mentions as an example of what can be done by efficient vaccination, the fact, that not one of the nurses or servants of the London Small-Pox Hospital has had small-pox for the last twenty years. They had all been either vaccinated or re-vaccinated at the commencement of their service.

Dr. H. D. Bulkley, formerly editor of the N. Y. Medical Times, has become associated with Drs. Purple and Smith, of the N. Y. Journal of Medicine, which is one of our best medical periodicals, and but too little known at the West. By this union of the editorial corps, both journals become consolidated. We can cordially recommend the N. Y. Journal to our readers. B.

☞ In these days of *throat-burning* and *womb-burning*, when the apostles of the speculum and the probang vie with each other in their *disinterested* zeal for suffering humanity, a word of caution, especially to those who are but just beginning to brandish their weapons, may prove of service. Dr. Tyler Smith asserts (London Lancet, Am. Ed., July, 1856, p. 40), that the womb-burners have caused death "by perforation of the vagina behind the posterior lip of the uterus and the occurrence of fatal peritonitis." We learn from the London Medical Times and Gazette, for August, that great excitement has recently been produced in France by the

condemnation of a physician to imprisonment, under the following circumstances:

"M. Renaut, a provincial practitioner of long standing, and in extensive practice at Dormans (Marne), had under his care a woman, aged 48, suffering from chronic laryngitis, who had, two or three years before, been treated for syphilis at the Hotel-Dieu, Chateau-Thierry. Towards the end of April, the symptoms increased in severity, and continued to resist treatment; and M. Renaut, after satisfying himself, by exploration, that œdema of the glottis had supervened, proposed to the patient, on May 6, that he should cauterize the swelling by means of the acid nitrate of mercury. After considerable persuasion she consented; and, being seated in a chair, with her head supported by an assistant, the nitrate, diluted with four times its weight of water, was applied. Scarcely had this been done, when the patient was seized with spasms, for which M. Renaut prescribed gargling with cold water; and, after ten minutes, he left the house. After his departure, however, the patient became worse, dyspnœa and increasing paroxysms of suffocation set in; so that, two hours after the cauterization, the patient died. An accusation of having caused the woman's death through the operation was brought against M. Renaut at the Tribunal of Chateau-Thierry, and two Doctors of Medicine were sworn as experts. The autopsy proved that the diagnosis of the disease had been rigidly correct. The experts, however, express an opinion that the symptoms due to the œdema were not urgent enough to call for cauterization; and that, even if they had been, the nitrate of mercury was not an eligible substance. They suggest, that the supervening asphyxia was due to some drops of this penetrating into the larynx. They think, moreover, that medical aid properly rendered, and especially by the performance of tracheotomy, might have saved life. The tribunal condemned M. Renaut to three months' imprisonment and a heavy fine. He has appealed to the Cour Imperiale of Amiens. In the meantime, consulted by the defendant, and appealed to by many correspondents who regard this decision as very detrimental to the interests of the Medical Profession, the Editorial Committee of the Union Medicale, comprising several men of high Professional position, has taken the case up. It maintains, 1. That M. Renaut's diagnosis was exact; 2. That the employment of cauterization is a recognized mode of treating œdema glottidis; while his choice of the caustic was based upon the syphilitic origin of the disease—a choice since approved of by MM. Landouzy, Velpeaux, Ricord, and Nelaton. The apparent meliorations in this disease are too often deceptive to justify delay. 3. As to the fatal termination, the experts have adopted the *post hoc ergo propter hoc* line of reasoning. It is a disease in which all experience shows that sudden and unexpected death is not uncommon; while practitioners who have employed caustics thousands of times, such as Bretonneaux, Trousseau, etc., all agree that the apparently

alarming consequences of the entrance of caustic fluids into the air-passages are essentially transitory, so that it is doubtful whether an authentic case of death being so induced exists. 4. Although there can be no doubt that M. Renaut was wrong in so soon leaving his patient, yet the case did not then apparently present more symptoms of irritation of the air-passages than are usually observed temporarily after cauterization of the larynx. M. Tardieu, an eminent authority in Legal Medicine, much consulted by the Government, while adhering to the above conclusions, adds, that the exclusively Medical questions at issue here can in nowise be transformed into questions of Medical responsibility. In this affair, it is only a discussion of diagnosis and general therapeutics, in which the want of success in the means employed can not, under any circumstances, be assimilated with the 'grave fault' specified by the law. M. Dupin, senior, is still more explicit in laying down the law in this class of cases, when engaged in another case: 'In questions of this kind we have not to inquire whether the treatment ordered has been suitable or not; if its effects have been hurtful or salutary; whether other treatment would have been more serviceable; whether this or that operation was indispensable; whether imprudence or not was manifested in undertaking it, skill or clumsiness in executing it, or whether with this or that instrument or procedure a better result might not have been obtained. These are all scientific questions for a debate among doctors, and can never constitute cases of civil responsibility, or be brought under the notice of the tribunals.'"

The Imperial Court of Amiens has recently reversed the judgment in this case. B.

☞ We copy from the N. Y. Daily Times, of Sept. 2d, the following important report of a trial for malpractice:

"A case interesting to practitioners was up in the Marine Court, on the 29th August. It was the case of Courtney *v.* Henderson. The plaintiff is 57 years of age, of good habits, has worked as foreman for ten years for Messrs. Pollard, up to last December, when he quit, with bad eyes, went to the Eye Infirmary, remained there from six to eight weeks, when he was induced by a friend of the defendant to leave the Eye Infirmary and put himself under the defendant's treatment. There had been a gradual improvement of his eyes from soon after he entered the Eye Infirmary until he left, and that improvement continued for two or three weeks after he left—no doubt being the result of the treatment he received at the Eye Infirmary—when they began to grow worse. He continued under the defendant's treatment until July (about three months), and the defendant performed an operation on his eyes, and put some kind of a powder into them. When he first put himself under the defendant's treatment he could go there alone; he soon became so

blind he had to be led there by a little boy. The plaintiff returned to the Eye Infirmary in July, but his vision was gone never to return. Dr. Agnew deposed that he has no doubt the plaintiff's eyes would have got well if he had remained in the Eye Infirmary, or been under good treatment outside. Dr. Agnew and Dr. Buck, both holding positions in the Eye Infirmary—the only physicians who testified in relation to the treatment—have no doubt that the plaintiff's eyes would have recovered under proper treatment.

"They both gave a history of their practice in diseases of the eye, which is different from the defendant's practice, as testified to and shown by a card which is admitted to be his. The defendant offered to prove by a score of persons that they had had bad eyes, and been treated for them by the defendant, and got well, or improved, which was ruled out by the Court. The defendant's counsel raised several points, but the second one is sufficient to state—'That an error in judgment is not malpractice.'

"The Court held that to be good law when applied to a man skilled in anatomy, surgery, or physics, but that it had no application in this case; that the defendant, knowing nothing of anatomy, surgery, or physics, could have no judgment in the matter. The law contemplated a judgment founded upon skill and knowledge in these sciences. That man who would hold himself out to the world as a doctor and an oculist, without a diploma, without any knowledge of these sciences, and under such false pretences obtain a patient, and commence tinkering with the most delicate of all the organs, the eye, must be reckless indeed. An error in judgment of a man skilled in a particular calling is not malpractice, unless it is a gross error. But error in judgment, in a science, of a man unskilled in that science (if such a thing can be), is malpractice. In other words, a person attempting to practice, in physic or surgery, without first having obtained a knowledge of such science, is liable for all the damage that is the result of his practice. I have no doubt the plaintiff lost his vision through the defendant's treatment, and that the treatment was the result of ignorance on his part. Judgment for the plaintiff, $500; allowance, etc., $12."

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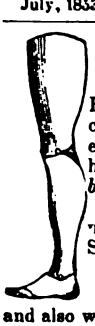

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EDITED BY T. WOOD, M. D.,

Professor of Anatomy in the Medical College of Ohio, etc., etc., etc.

AND

GEORGE C. BLACKMAN, M. D.,

Professor of Surgery in the Medical College of Ohio, etc., etc., etc.

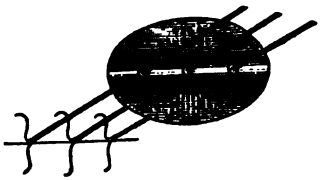
No. 10.] CINCINNATI, NOVEMBER, 1856. [Vol. XVII.

Original Lectures, Essays, and Communications.

Bozeman's Operation for Vesico-Vaginal Fistula. By GEO. C. BLACKMAN, M. D., Prof. of Surgery in the Medical College of Ohio, Surgeon to the Commercial Hospital, Cincinnati.

Mrs. ——, of Springfield, Ohio, a lady of high social position, was placed under my care about the middle of September. She had been a sufferer from vesico-vaginal fistula for about twenty months. It was the result of sloughing from a labor protracted for four days. The fistulous opening was situated an inch and a half from the meatus; was three quarters of an inch in length, and transverse in its direction. The patient was about thirty years of age and of a vigorous constitution. Assisted by Drs. Fries, Wright, and Richardson, I performed the operation proposed by Dr. Bozeman, and which, according to a communication in the last number of the "*Louisville Medical Review*," has been successful in Dr. B.'s hands in sixteen cases. This method, as is well

known to many of our readers, consists in substituting the *button* for the *clamp* suture of Dr. Sims, of New York. The margins of the fistula, in our case, were freely denuded, in the execution of which a prolapse of the bladder, overlapping the fistula, presented many obstacles. These were at last surmounted, and four sutures of silver wire were passed and brought through the perforations in the button, as illustrated in the following cut.



The button was then held closely in contact with the fistula, while the ends of the suture were passed through perforated shot, and the latter firmly compressed with strong forceps, so as to act the part of a knot. The operation was performed on Friday, and Sims' self-retaining catheter was retained constantly in the bladder for twenty-four hours, at the end of which time it was withdrawn for a few moments and cleaned. At the end of the fourth day, this catheter became so obstructed by muco-purulent matter, that it became necessary to remove it, and substitute the ordinary female catheter, which was employed until the end of the treatment. The button and the sutures were removed on the eighth day, when union was found to be complete. For several days after the removal of the button the patient suffered severely, from irritability of the bladder and occasional incontinence, but by the use of the warm bath, alkalies, and anodynes, this gradually subsided, and the patient, in less than three weeks, was enabled to ride in a carriage, to visit her friends, and to walk for a considerable distance. At my last visit, some twenty-two days after the operation, she informed me that she had retained her urine for eight hours! She has now returned to her friends completely cured. Notwithstanding our previous partiality to Dr. Sims' operation, we are compelled to declare our preference for Dr. Bozeman's method, believing that in simplicity and efficacy it can not be surpassed.

Primary Encephaloid of the Spleen. By C. H. P. HART, M.D., of Centreville, Wayne Co., Indiana.

On the sixth of August, 1856, I was requested to attend a *post-mortem* examination of a child *æt.* 4 years and 5 ms., the daughter of William and Ann Brown, residing about four miles south-west of Centreville. The child, who, at the time of its death, was under the charge of its uncle, Dr. Brown, of Union county, had died from the effects of an abdominal tumor, supposed by its attending physician, Dr. Brown, and also by the consulting physicians, Drs. Mitchell and Pritchard, of Centreville, to be an enlarged spleen. To ascertain by necropsy the correctness of this opinion, appeared to be the principal object of those having charge of the case. As I had never before seen the child, nor expressed any opinion in relation to the probable cause of its death, it was deemed advisable that I should make the examination; which was accordingly done in the presence of Drs. Brown and Mitchell, Dr. Pritchard being unavoidably absent.

INSPECTION, *ten hours after death.*—The body was greatly emaciated, but exhibited no external signs of disease excepting an enormously enlarged abdomen, through the walls of which could be distinctly felt a nodulated crescent-shaped tumor, extending diagonally across the abdomen by the left hypochondriac region to the right iliac, and occupying at least seven-eighths of the enlarged sub-diaphragmatic cavity. The external admeasurements resulted as follows:—Circumference of the abdomen just below the most prominent part of the costal cartilages, 23.5 inches; from the anterior superior spinous process of one side to that of the other, 16.8 inches; from the spinous process of the first dorsal vertebra, below the cartilages of the left ribs, *over the whole length of the tumor* to the anterior superior spinous process of the right side, 20.3 inches; and from the spinous process of the first dorsal vertebra, below the cartilages of the right ribs, *across the tumor*, to the anterior superior spinous process of the left side, 17.2 inches. It was found that these admeasurements

would admit of being reduced nearly five per cent. by vigorous compression. The tumor had a semi-elastic feel, somewhat resembling in that particular a newly made cheese.

The extent, position, nodulated character, and semi-elastic feel of the tumor, led me to believe that the abnormal growth would prove to be encephaloid disease of the spleen, and I so expressed myself before opening the abdomen. In fact, I am persuaded that a careful consideration of the above facts could lead to no other diagnosis.

In order to give as complete and unembarrassed a view as possible, the abdomen was opened by a crucial incision, extending from the ensiform cartilage to the pubes, and from the crista of one ilium to that of the other. On turning back the flaps, the only objects that met the view without disturbing the relation of the parts, were the descending colon and the morbid growth, the latter occupying in front the entire anterior portion of the abdominal cavity, excepting a very small space in the right lumber region; through which, with attention, could be detected a small portion of the gastro-colic omentum, and the insignificant space occupied by the descending colon, which lay along the most elevated ridge of the tumor, to which it was firmly adherent. After dissecting away the adhesions on every side, which were very extensive, so as to enucleate the tumor as far as possible, we were enabled to obtain a view of its posterior relations and connections, by which it was clearly proven to be the spleen. It was found to occupy, posteriorly, nearly the whole of the left hypochondriac, the epigastric, the umbilical, the left lumber, the left iliac, and the hypogastric regions, and a considerable portion of the right iliac and right lumber regions. The omentum and smaller intestines were crowded principally into the right lumber and right iliac regions, lying within the crescent formed by the tumor, by which they were almost entirely concealed from view. The liver and stomach were forced entirely out of view into the hollow of the diaphragm, the former appearing considerably atrophied, the latter empty and contracted. The

bladder was in a similar condition, being closely pressed against the pubes by the heterologous growth above. In fact, the appearances were precisely such as would be likely to result from a constantly increasing spleen, which, by its enlargement, should gradually encroach upon the left half of the abdominal cavity, until, having reached the left iliac fossa, it should be deflected across into the right, making at the same time a partial rotation on its own axis. This will readily explain the position of the descending colon, which, by becoming attached to the side of the enlarging tumor, was at last carried diagonally across the abdomen, so that the sigmoid flexure was above, and in contact with the cæcum.

The enlarged organ or tumor was 14.4 inches in length, 8.8 inches in breadth opposite the umbilicus, and 10.5 inches in thickness at the same point. It was estimated to weigh between six and seven pounds. Greater accuracy could not be obtained in this respect, as the presence and complete refusal of the parents prevented the entire removal, and consequently the preservation of the invaluable specimen. Its surface was studded all over with hemispherical elevations of a brownish-yellow color mixed with white, and about the consistency of new cheese. Enlarged and tortuous veins ramified over the surface, between the tuberosities, and, being highly congested, gave the tumor a beautiful arborescent appearance. The enlarged organ appeared to have lost every trace of its original character, and to have become entirely converted into the same heroclite formation which added so much to its bulk. A section of the tumor exhibited the characteristic structure of the encephaloid growths, the membranous partitions separating the different lobules becoming quite manifest on squeezing out forcibly the softer intercellular substance. The general appearance of the lobules was granular, but occasional dark specks and spots were interspersed, having the appearance of small partially-absorbed clots of blood. A portion of the tumor somewhat softer than the

rest, and which communicated to the touch an obscure sense of fluctuation, was found to contain about half an ounce of sanguino-purulent fluid, filled with shreddy and flocculent matter.

No trace of the encephaloid matter was found in any other abdominal organ, unless a softened condition of the lymphatic glands around the spleen and pancreas be considered as indicating its presence in them. The liver was healthy, but appeared somewhat atrophied. The gall-bladder was much contracted, and contained about a drachm of very viscid tar-like bile. The mucous coat of the stomach appeared pale and flabby, but was otherwise healthy. The small intestines presented nothing remarkable, excepting that some of the patches of Peyer presented a very irregular, granular appearance, almost amounting to ulceration. The large bowel was empty and healthy, excepting the descending colon, where it passed over the apex of the tumor, the mucous membrane of which was considerably thickened. The peritoneum was thickened, hazy, and easily torn, and contained a considerable quantity of serum. The other abdominal organs were healthy.

The history of the above case is interesting, as showing the rapidity of the tumor's growth, the inefficiency of medical treatment in its arrest, and the decided tendency of cancerous growths to become hereditary.

At the age of six months the parents discovered an enlargement on the left side in the region of the spleen. This was treated by Dr. Ardery, of Decatur county, who, by the free use of the tincture of iodine, effected some improvement. It then remained nearly stationary until the 18th of March, 1856, when it began rapidly to enlarge, and was placed under the treatment of Dr. Brown, of Union county. At this time it extended to within about three inches of the umbilicus, but under treatment calculated to relieve congestion and inflammation, it subsided as before to nearly its former dimensions. Considerable improvement also took place in the general

health of the patient, so that she was able to be about. Early in June, the organ began again to grow with great rapidity, emaciation set in, and the disease progressed thenceforward in spite of all treatment, accompanied towards the last with hemorrhage of the urinary organs, until it ended in the death of the child on the sixth of August.

That this affection was hereditary, is evident from the fact that the child's uncle on the maternal side, Wm. Woods, lost his life from the effects of fungus hœmatodes in his knee. When first noticed in December, 1852, it was about the size of a pea; and was situate just on the outer side of the insertion of the tendon patellæ. Continuing to enlarge, it was accompanied with much intermitting pain; and in March it was rashly opened by the patient, who stuck his knife into the tumor under the impression that it was of the character of an abscess. A sprouting fungus soon appeared. In April he went to Cincinnati to consult Dr. Mussey, who advised him to submit to an operation at once. Unfortunately, on his way thither, he had called at a "Water-cure establishment" near the city, where he was so beset with hydropathic harpies, that he was induced to believe the disease was a mere "humor," which could be easily charmed away with their magic remedies. Instead, therefore, of availing himself of the only chance of relief, he returned to the "Establishment," where he remained for five weeks, during which time it was repeatedly cauterized, washed, and scoured, *secundem artem.* On the 28th of May following, having returned to his home much enfeebled, his leg was amputated by Dr. Pritchard, of Centreville, assisted by Dr. Cleveland, of Abington. The patient died of secondary hemorrhage a few minutes after the operation was completed, as soon as the effects of the chloroform had passed off. It would be interesting to know whether this mishap depended on disease of the arteries, which is the most probable supposition, but of the truth of which I am not informed.

Encephaloid of the spleen, whether primary or secondary, is recognized by all pathological writers as a very rare affection; indeed, I am inclined to the opinion that the former has never before been described; at least, in the most careful and extended examination that I have been able to make, I have failed to find a single recorded example. In fact, the most recent authorities, as will be seen hereafter, recognize only the latter. This undoubtedly arises from the fact that it has never before been found unassociated with similar deposits in other organs. Lebert, in his work on Cancerous Diseases, states that he has never met with such a case. Hope, in his Principles of Pathological Anatomy, says the same. Prof. Gross is equally ignorant of any such lesion, as he does not mention it among the affections of the spleen. Wardrop, whose work on Fungus Hæmatodes was published in 1809, states that "in a patient who died of a disease in the testicle, which had all the appearance of fungus hæmatodes, the spleen was felt enormously enlarged through the abdominal parietes, and was very probably affected with the same disease;" and he adds, that he had had an opportunity of seeing the spleen affected with this disease in only one case, the preparation and an accurate account of which had been sent to him by Mr. Monteath, late surgeon to the Royal Infirmary, Glasgow. In this patient, there were soft pulpy tumors in each groin, and a very large mass of swelled glands had formed in the abdomen, which was connected at one part with the spleen. The organ was much enlarged, weighing two pounds and a half. Every part of it was studded over with white tuberculous masses, of a uniform white color, and "consisted of a white pulpy matter, resembling brain." Mr. Wardrop, after quoting Mr. Monteath's history of the case, adds: "The spleen is more rarely found diseased than most of the other organs of the body; and it would appear, that in the foregoing case, it had become contaminated with fungus hæmatodes, in consequence of its adhesion to the morbid mass of glands

in the abdomen. Fungus hœmatodes of the spleen has, as far as I know, never been described in any account of the morbid anatomy of that organ." *Observations on Fungus Hæmatodes or Soft Cancer in several of the most important organs of the Human Body.* Page 155. Edingb. 1809.

A case somewhat similar to the above has just been communicated to me by Prof. Dunglison. He says: "Upwards of twenty years ago I attended, in Baltimore, a young child whose abdomen was literally filled with encephaloid formation, in which the spleen was implicated. Unfortunately, I was sick at the time the body was examined after death; and the particulars of the appearances presented, although promised, were never furnished to me."

To the foregoing may be added the opinions of some of the more recent authorities since Wardrop:

"Cancer rarely occurs in the spleen, and usually as encysted encephaloid, generally (*mlist*) combined with cancer of the liver or lumbar glands." Bock, *Atlas der Pathologischen Anatomie*, Leipzig, 1855; and *Lehrbuch der Pathologischen Anatomie*, zte Auflage, S. 670, Leipzig, 1852.

Rokitansky has nearly the same words: "Cancer (of the spleen) occurs very rarely; we have as yet only met with the medullary variety, in combination with cancer of other organs, especially of the liver and lumbar glands." *A Manual of Pathological Anatomy*, Sydenham Society's edition, vol. ii. p. 677. London, 1849.

"Carcinoma occurs seldom in the spleen, and scarcely ever without cancerous formations in other organs, especially in the liver and stomach. It presents itself in the form of smaller or larger encephaloid tubercles(*Markschwammknoten*), which are connected, at times, with soft tubercles in the fundus of the stomach." A. Forster, *Handbuch der Speciellen Pathologischen Anatomie.* S. 131, Leipzig, 1854.

Ohio State Medical Society—Its Workings, Extra Session, etc. No. 2. By PAUL CAUSTIC, M. D., Cross Roads, D. O.

"STUBBLE FROM MY GARNER."

The polity of the Ohio State Medical Society, if exercised with ordinary experience, is omnipotent for good to the profession. The privileges conferred by the charter would enable not only the parent, but auxiliary associations, to organize and possess libraries, cabinets of natural history, apparatus, instruments, etc., to any extent that might be desired by the respective societies. Its membership—amounting to about 500, and located in almost every county and village throughout the State—should enable it to exercise an influence of the most diversified and extended character upon society at large, and the Legislature of the Commonwealth. To the physician, either in an individual or corporate capacity, the community look for the initial steps in all great reforms, especially of a hygienic or sanatary character. Indeed, they are not only expected to project, but often of their own munificence to mature and carry them into operation.

When they, as a class, fail to regard with special attention matters pertaining to general health, longevity, vital statistics, etc., the enactments by which these results were sought to be brought about, fall still-born from the law-making power. All history demonstrates the correctness of this position. A single familiar illustration may, however, render the subject more apparent. The last general assembly of Ohio, through the influence and energy of a few physicians who were members of that body, enacted a registration law. The general provisions of the act are wholesome, but the detail falls short of what could be desired. It, however, is a good commencement, upon which, from time to time, as public sentiment demands, additional provisions and details might be engrafted, until it become perfect. Notices and abstracts of the law have been published in the medical and secular journals of Ohio. Few physicians are ignorant of the objects and obligations which the law contemplates and imposes. It has now been

in force for seven months, and we hazard nothing in the assertion, that not ten individuals in the State are living up to its requirements. This law will remain a dead letter upon the statute book, unless physicians or medical societies move in the matter.

The State Medical Society, assisted by its auxiliaries, is just the instrument to insure the strict observance of the act. It has its representatives in every county, and if vitality and efficiency were not crushed out of it by a misconception or perversion of its original objects, such would be the case. But when "the head is sick," the members are paralyzed and faint. Under the present state of affairs, the Ohio State Medical Society is a nonentity, or a negation, so far as good to the profession or humanity is concerned. At one time it resolves that no member shall receive into his office a student who does not possess certain mental qualities and scientific attainments; at another it appoints a committee on vital statistics, and at another it imposes different obligations; and yet these several duties and requirements remain unperformed, and are like our existing registration law—only encumber the statute. A resolution enacted by a chartered organization should mean something, but in the State Society it appears to signify but the *name* of the author, in the published minutes, without any expectation, either on the part of the society or the member resolving, that any thing is to be done, any work performed.

For several years past, the subjects of a State geological survey, bureau of statistics, and the abolition of the patent medicine traffic in Ohio, have been agitated by medical men. One or more of these have been before the general assembly during this time, for the requisite enactments to enable the objects to be executed, but have failed. Foiled at the impotency of individual effort, some far-seeing gentleman conceived the idea that an extra session of the State Medical Society, held during the extra session of the Legislature this winter, would be a capital opportunity to bring to bear upon the law-making power, the *physic* of the State. Now, whether this

resolution, by which the society adjourned until the third Tuesday of January, 1857, was intended by the author and the association itself to be binding, or only as a *show*, we will not stop to determine; but infer from the premises, and the prospect of having a good time, that it was the intention of some, at least, to be present on that occasion.

We most earnestly implore the friends of medical science to construe the obligation of the resolution as binding, and be present. There is work that much needs to be done by them —work that none else can or will perform. Preliminary to that, let every representative and senator be waited upon, either individually or in an official capacity, by some judicious member of the profession, and have laid before them the importance of enactments upon the above subjects, and the facts and circumstances demanding their speedy adoption. This will prepare the whole body to appreciate the necessity and demands upon them, by a respectable body of their constituents. Then, in due time, let them assemble at the capitol—take with them their business capacities, their devotion to their profession, their interest in humanity and scientific pursuits, and lay their prayers before the Legislature of Ohio, and they will be granted without gainsay. The same integrity of purpose which overcomes obstacles, and secures success at home in the ordinary avocations of life, will render triumphant the avowed purposes for which the extra session of the State Society is to convene in January next.

Let no imaginary obstacle keep you away. We know that the scenes which have been enacted in the past will rise up before you, and crimson your cheeks, as you turn in disgust from their contemplation. To prevent these is one of the objects for which your presence, *gentlemen physicians, sober, patient, persevering, earnest laborers after truth*, is so much required. Bring with you that iron determination which nerves you to action, when a great principle of nature is to be solved. It may be needed. Eunuch, snob, and notoriety seeker will be there. As usual, they will be first to move,

and without interposition, they will move to the disgrace and defeat of the objects of the society. Of this, however, they will care but little. They must constitute the *conference committee* that will wait on the law functionaries. Their plans will be all matured in anticipation, and the *moves* committed to memory—for they are too indolent to commit them to paper. They will be full of buncombe speeches, which must be delivered at the expense of decorum and decency. It will be a capital time for rhetorical display, and they can not resist the opportunity to go off. Some old tome may chance to lose somewhat of its accumulated dust, in their quest for a speech. The translations of Homer, Cicero, or Demosthenes, or Frost's American Speaker, will surely be consulted.

What think you, brother physicians, will be the impression of the State Medical Society and the profession of Ohio generally, made upon the general assembly by this surreptitious gasconading? We will be there as the representatives of the medical men of the State at large, and as such, will be held responsible. Our actions and conduct will be taken as indices of the profession as a whole. If we allow members to step forward, who do not represent a single sentiment or sympathy of the body, and place the society in a false position by bloviation and ignorance, it will be our fault. Should the society have any thing to ask of the legislative body, let it speak through those who *represent the profession*, and not through self-constituted mouthpieces. In this way the desired object will be gained, and the honor, dignity, and urbanity of the profession preserved.

It would be quite unnecessary for us to point out those whose actions are to be feared and ignored on this occasion. Their names are as familiar to the humblest member of the society, as the greatest delinquent upon their leger, against whom entries have long since ceased to be made; and are as much to be detested and shunned. If disbanding the organisation would rid the profession of these pests, the end would almost justify the expedient; but this has been tried, and

found wanting. It is for the purpose, in part, of silencing these, now and forever, that a full attendance of the profession is desired in January. The interest and reputation of the profession also demand a strong representation, to secure the passage of such acts as will meet the existing demands of society and humanity. Let, therefore, the dignity, the talent, the industry, and *sobriety* of the profession come up to the extra session.

The published transactions of the Ohio State Medical Society deserve a passing notice; yet, they furnish a theme scarcely worthy of our pen. They are God-forsaken, much-detested documents. The best, scarcely rises to a pointed respectability, and some of them suffer in comparison with a redundant Dutch almanac, with which, in some respects, there are striking points of resemblance. We have no allusion to the contents of the various volumes; the articles, generally, are worthy of a better fate. Few physicians, unless as matters of curiosity, preserve these transactions. Their style of execution disqualifies them for a position in the library along side of medical publications. They are, therefore, consigned to the lumber or rubbish box, among medical college announcements and other articles of little value. Gentlemen, contributing to their pages, would be unwilling to send a copy to a professional friend, or scientific publication, on account of the palpable errors in which it abounds, and the meagerness of the execution. They are literally worthless, and are annually growing more so. The material, typography, and mechanical execution generally, render the few late numbers a disgrace to any publishing house, and an insult to any intelligent association of the nineteenth century.

Whatever interest that might otherwise attach to these annual publications, is lost in their delayed appearance. The period which the new wife watcheth for *conception*, *motion*, and *parturition*, almost always elapses ere these voluminous, elegant (?) documents make their appearance. Indeed, the term of elephantine gestation rolled quite around, on one occasion,

before the transactions were placed in the hands of the members!

The proceedings for 1856 are now out, in nautical language, about five months, and still there are no signs of their approach. We trust that their appearance will soon be announced from Cape Get-out, Lands-end, or some other port.

The transactions of the Ohio State Medical Society, with an occasional biographical notice of our departed brethren, will be all the data from which posterity will be able to arrive at any conclusion concerning the present generation of physicians in Ohio. And if we, who have participated in the deliberations of the State Society, blush in the effort to decipher from the blurred, dingy paper—rendered doubly confused by error piled on error—our own ideas and those of our cotemporaries; how much will we necessarily suffer in the estimation of our children, and those who follow after us in the paths of the profession. Think of it, gentlemen of the profession, gentlemen of the laity, you who quietly submit to taxation for the publication of documents which are to transmit your names to coming generations, in disgrace and ignorance. Have self-respect and professional pride entirely left you? Could you not be prevailed upon to reassert the rights ruthlessly wrested from you, and place these matters again where they belong?

The talent of the medical profession is fast becoming estranged from the State organization. Apathy and disgust are seizing the membership, and soon it will be as defunct in fact, as it now is in principle.

Let us return to the principles of the fathers, and labor as they did in this good cause. Then, instead of boisterous, disgraceful sessions, meager, scurvy transactions issued six, nine, or twelve months after the society adjourns, we can enjoy wholesome, scientific debates, and publish a well-developed volume, richly stored with sound medical doctrine, six weeks, or two months, after each session of the association.

No good and sufficient reason can be furnished for these imperfections, and repeated derelictions. If the transactions

of the State Society can be published at all, one, or two months at most, would furnish ample time for any publishing house to perform the work, and do it well. Once within our recollection, and once only, have the proceedings been distributed within the above period, but the style and mechanical execution have never come up to the standard of the literary and scientific publications in our State. We can boast of publishing houses which, in perfection and efficiency in their departments, vie with the very first of this or any other land. Then, we would ask, why patronize country newspaper and cheap publication offices, which are unprepared to execute a creditable job of book-work, in preference to those we have just mentioned. The publishing committee have no right to run all over the State, to ascertain where the cheapest job can be done. It is this cheap jobbing that has disgusted the profession, and induced its members to withhold their support and patronage from the society. Give to them a clear, healthy, vigorous looking volume—an equivalent for their money—instead of a spongy, dingy, scorbutic sheet, and our word for it there will be no lacking for funds to defray the necessary expenses of such a publication.

The labors of our professional brethren, of this State, are in demand wherever science is cultivated. Their productions embellish the pages of every medical journal of any reputation that is published in America. The American Association for the advancement of science, the most exclusively learned body of this continent, solicit their contributions and co-operation; and the American Medical Association recognize and publish the products of their pens, with evident marks of distinction, by furnishing to the authors such numbers of their papers as they may desire for private distribution.

Why is it, then, that those men whose reputation for talent, scholarship, and sound scientific attainments command for them attention and distinction wherever the English language is read, cannot be cheerfully enlisted in building up our domestic, as well as National medical literature, in order that

the members of our State Society may be profited by their labors, and be honored of all men? Why is it that they seek medical journals and National Societies as channels through which to communicate with the scientific world, in preference to the Ohio State Medical Society? Certainly, there must be good and sufficient causes for this estrangement. To us the reasons are quite obvious. In a rough manner we have attempted to sketch a few of the most prominent of them. We claim no artistic skill. Some of our pictures may appear distorted and uncouth, and even startle those whose nerves are easily disturbed. Let us assure such, that they must not permit themselves to become agitated at these scenes. They are annually enacted in the parent society, and have been drawn from a bird's-eye view of each field of operation. In them, we trust that some will "see themselves as others see them," and abandon nonsense and chicanery, for sober realities; and then, and not till then, will good come out of our meeting together.

Successful Termination, in a case of Normal Pregnancy, complicated with Extra-Uterine. By EDWIN R. MAXSON, M. D. of Geneva, N. Y.

I was called, September 8th, 1856, to attend Mrs. ——, aged about thirty-five, in her third confinement.

On inquiry, she stated to me that her health had been good; and, as her pains were regular, she was delivered, in a few hours, of a fine female child, which weighed eight pounds.

I observed nothing unusual in her condition or symptoms at the time, except that the placenta adhered slightly, at or near the left fallopian tube, or its orifice.

This adhesion, however, was slight, as it was detached by a gentle twisting motion given to that portion of the placenta which presented, thus rendering it unnecessary to introduce the hand into the womb for its detachment.

On examination of the placenta to see if any portion had been left, I discovered, at the part which I supposed adhered, an appearance which indicated that it had been attached at that point in a manner different from the ordinary attachment, the part appearing as if it had been torn from something to which it had adhered very tenaciously.

But, as no portion of it appeared to have been left, I passed the matter by, without any further concern at the time; and, as she appeared quite well, I left, and saw no more of her till the following day, September 9th, at which time, all her symptoms being good, I discharged her, not intending to visit her again.

On the 11th of September, three days after her confinement, the husband consulted me in relation to a tumor, which he said had given her some inconvenience, and more or less pain, during the six or eight preceding months.

He represented the tumor as being the size of a hen's egg, and occupying the left iliac region; and that it was then giving her some uneasiness. He assured me that she had never suffered from hernia, and promised to notify me if it gave her any serious inconvenience.

I was called, September 12th, four days after her confinement, in great haste, and found that she had been suffering the most excruciating pain, in the left iliac region, and as she thought in the tumor itself. She described the pain as being the most severe she had ever suffered, and lasting for twenty or thirty minutes, and then suddenly subsiding, leaving only a slight uneasiness in the part.

The tumor, too, had disappeared suddenly, with the pain; and as she had become quite easy, I had a flannel wet in warm camphorated spirits applied; and as she had no chill or fever, I left, without any further prescription, with directions to notify me, should the tumor again make its appearance, or the pain return.

On the following day, September 13th, a slight contraction of the womb (or what she called a severe after-pain) brought

away a perfectly formed fœtus, as described to me by the mother of the lady, about two and a half inches in length, and about the size of the thumb. She examined it with a neighboring lady, with great care, and assured me that it was perfectly formed, but that it felt very hard.

During the same pain, there was also expelled what was probably the placenta, which she described as a circular piece of flesh, about the size of a dollar, though somewhat thicker. This they also examined carefully, and washed it in water, in order to be sure that it was not coagulated blood, and were thus sure that it was flesh, as they called it.

I need hardly say, that the character of the ladies in question is such, that their statement in this matter is entirely reliable.

Now, here was a case in which a normal pregnancy was carried out, with a fallopian pregnancy occurring at the same, or some previous time; the fallopian fœtus, with its placenta, being expelled from the fallopian tube, into the womb, doubtless, during the severe pain which occurred the fourth day after her confinement, and expelled from the womb the fifth day, as above described.

I do not know whether a case similar to this has ever occurred or been noticed before.

The fallopian fœtus, in this case, with its placenta, must have occupied that portion of the tube nearest the womb; and I suspect the two placentas adhered to each other, at the mouth of the tube; and that the slight twist which I gave the uterine placenta, to detach it, detached or loosened the fallopian placenta and fœtus, and thus probably favored their expulsion into the womb, as it occurred the fourth day after, instead of the tubes bursting and their being expelled into the peritoneal sac, as is usual in such cases.

She does not remember to have noticed the tumor previous to her last pregnancy; but thinks it had been visible for the last six or eight months before her confinement; thus render-

it probable that the uterine and fallopian conceptions, urred at, or nearly at the same time.

The left fallopian tube, which evidently contained the us in this case, must have contracted very soon after its pulsion of the fœtus, to nearly its natural size; as there s, since the severe paroxysm of pain alluded to, been no ppearance of a tumor in the left iliac region; and the lady s now, September 25th, quite well.

Geneva, N. Y., Sept, 25th, 1856.

Spasmodic condition of the neck and body of the Uterus persisting during the whole of labor and more than twenty hours after death. By Dr. JOBERT, of Guyonville. (Translated from the *Gazette des Hospitaux*, by J. H. T.)

R. T., aged thirty-five years, and of a strong sanguine constitution. Pregnant for the first time, she had undergone during the whole of gestation the inconveniences inseparable from a voracious appetite. The consequences of that voracity were frequent indigestions, and a continual uneasiness in the stomach and bowels. However, she arrived at the full term of gestation. With the earliest pains a midwife was called in; and an examination made. The neck of the uterus had begun to open and the labor appeared to commence well.

The first day passed without any progress, though the woman complained much. At the end of this first day a second examination made known that little change had bee made in the state of the neck; it had become thin, but w hard, and scarcely would admit the extremity of the fing That night was calm, the patient not even experiencing t slightest pain. At the beginning of the second day the pa reappeared, but they were trifling, and very distant. At visit, the midwife having again made an examination, fo the mouth of the womb in the same state as at the r previous—the neck effaced, but the mouth very hard, an

little open. In the meantime the patient felt compelled to bear down continually, wasting her strength in vain efforts. At the close of the day she was bled, and had a comfortable night.

On the morrow (third day) the patient, who had slept almost the whole night, awoke a prey to the most violent pains: she cried out, and declared that she felt the child coming. A messenger hurried after the midwife, who came and found things but little changed from yester evening; the mouth being only a little more dilated. Confidence was given to the patient by telling her that her labor was now progressing. This was at seven in the morning, and at midday there was nothing new: the woman tossed about, complained, and gradually became weaker, still being unable to resist the tendency to bear down. By a new examination the midwife discovered that the bag of waters now began to present, and during this procedure the membranes broke spontaneously. Two hours after an arm was without, and the other hand presented soon after.

At this time all the pains left, and the womb, when felt across the walls of the abdomen, appeared struck with the most complete inertia. Fifteen grains of ergot were now given. Quickly the face became animated: the agitation increased more and more; and a second venesection was employed. The pains appeared again to awaken, but were of little force, and at distant intervals. The mouth of the uterus appeared now more firm than at the first bleeding. A second dose of ergot was now given.

The night now had come on, and the friends became uneasy: for, during three long days, the patient had been in the same condition. By the advice of the midwife a physician (officier de sante) was called in, and after seeing the case he advised that the arm should be amputated, and other manœuvres made of the same nature. To this the midwife would not agree, and at ten o'clock at night the reporter was called in.

Midnight.—The face is now turgid and livid, the patient is a prey to the most violent agitation: the pulse is small and rapid; one arm is without the vulva, and the other deeply engaged. The womb, pressed upon across the abdominal walls, remains without any sensible movement, and in this condition has now remained for twenty hours; being drawn up within itself as at the ordinary periods of uterine contraction during labor.

After this history of the case from the midwife, and an examination, I was led to think that the case was one of spasmodic contraction of the neck and sides of the womb, rather than one of inertia. In consequence I prescribed a bath, in which the patient remained two hours. At the same time the vagina and mouth were largely rubbed with belladonnæ ointment. The spasm now appeared to yield, and the mouth was sufficiently enlarged to admit of obstetrical manœuvres. Of this state I took advantage and attempted turning, but my efforts were fruitless. I could well succeed in introducing the hand into the womb, but it was impossible to maintain it there. The mouth contracted spasmodically with such tightness around the wrist, that the hand lost all power of feeling. Many manœuvres were tried, but all unsuccessfully. The patient was worn down with the cries which she gave out and the efforts which she made, notwithstanding that they seemed involuntary. A profound syncope supervened: all the assistants thought her dead, for she had a hideous pallor, with absence of pulse, and relaxation complete of all the body, and of the members in particular.

In presence of dangers which I had foreseen for several hours, I felt myself authorized in recommencing my manœuvres; I therefore ascertained again the state of the parts. The mouth was now largely open, and the womb without any movement, or contraction: the hand now penetrated without the least resistance, and version was accomplished with extreme facility; the feet, the knees, and the breech

quickly passed through the vulva; the child had been dead some time.

In the meantime the woman had regained her consciousness, and at once the mouth contracted spasmodically around the shoulders of the child. All efforts to disengage the presenting arm were abortive, and it was not until two hours of trying had passed that the unfortunate woman complained of some uneasiness in the parts; I perceived another relaxation of the mouth, and I succeeded in delivering successively the shoulders and arms.

All was however not yet finished, and greater difficulties still arose which, in fact, were insurmountable, because they admitted of no obstetrical manœuvres, either manual or instrumental. The uterus had suddenly contracted upon itself, and to such a degree that it was not larger than two fists, and it was as hard as a stone; at the same time the mouth of the uterus was drawn spasmodically around the neck of the child, and was of a hardness extraordinary. What must be done? bleed or use the bath, or both? The debility of the patient was extreme, there was a profound and general prostration; the pulse small and oppressed, disappearing under the finger, the face was pale, and the eyes dull and languishing.

Three hours passed in this condition of distress for the woman, and of anxiety for us all. Finally, the patient cried out most distressingly, and called me, saying that the pains had returned. I approached and found her dead. I could do nothing more for her. I made at this time another effort to extract the head, but without success. In vain did the midwife at ten, and fifteen hours after death, attempt extraction of the head: the mouth, continuing convulsed, remained tight like a cord around the neck of the fœtus. In a word all the parts convulsed had preserved exactly the same rigidity as they had during life.

Proceedings of Societies.

A case of Hydatids and Abscess of the Liver. Treated by Asbury EVANS, M. D., of Covington, Ky., late Professor of the Principles and Practice of Surgery in the Medical College of Ohio, and Clinical Surgery in the Commercial Hospital, Cincinnati. Read before the Covington and Newport Medical Society, Oct. 6th, 1856.

I was called to see Mrs. D——, of Newport, on the 15th of August last, in consultation with our friend Dr. Foster.

Mrs. D——is a native of Wales, aged 34, and has been married nine years. She was born and reared in a mountainous region, and is of a healthy family. She has from childhood been slight and delicate. Her health, however, was not notably bad; and was, at the time of marriage, pretty good. Says she had some uneasiness in the right side during her maidenhood—nothing well marked, however, until after the birth of her first child, about eight years ago. Her pregnancy was attended by much nausea and vomiting, and after confinement she complained of considerable pain in the right side, and in the loins. She has had four children, one of whom was still-born. Each pregnancy was marked by much sickness, and after delivery the pain of the side was increased —in a word she became more and more an invalid.

After the second confinement, a distinct fullness of the lower right ribs was presented, and extended, in a diminished degree, all round the anterior and lateral portions of the body.

About four years since, the ribs on the right side were distinctly bulged out in the hepatic region. She has since borne two living and healthy children. All her labors were easy, although pregnancy was always painful, and towards the close of each she was nearly helpless.

One year ago the swelling was very distinct. It was thought to be mere fullness, not a well defined tumor. She was treated

for "weakness" by the various physicians who prescribed for her.

Her last pregnancy was as usual, except that some weeks before delivery she was attacked by diarrhea, which persisted up to the time of my visit. She gave birth to her last child on June 8th, 1856. No physician was present—her mother attended. Four weeks after her delivery, she called at the office of Dr. Foster, of Newport, for his advice, and complained of "wind and weakness." Dr. F. had no opportunity of examining her. He gave her carminatives. About a week afterwards she called on a physician of Cincinnati, and was then so swollen as to present externally the signs of a seven months' pregnancy. About two weeks after this she sent for our friend Dr. Thornton, who found, upon a careful examination, *a well defined tumor in the right side*, extending across the abdomen towards the spleen and umbilicus. The lower ribs were bulged outward.

August 1st, 1856, Dr. Foster was called to see her at her house. Dr. F. found the tumor present the same appearances as noted by Dr. Thornton. Mrs. D—— had diarrhea in a bad form, and was greatly emaciated. I saw her, with Dr. F., August 15th. Her complexion was waxy and sallow; she was emaciated, weak, had no appetite, complained of pain over and around the hypochondriac and epigastric regions, which was increased by pressure and percussion. Her tongue was red, smooth, shining, and uncoated; and the mouth and tongue sore; had a constant diarrhea with pain, the discharges often greenish in color, and many of them containing mucus and blood. The symptoms presented an assemblage characteristic of the disease now known as "nursing sore mouth," and her general condition, a result of this disease, which had persisted for many weeks, was so bad as to hold out little hope for her recovery; indeed, death seemed to be not very distant.

The local affection gave the following appearances: A distinct tumor could be felt in the right side extending into the left. No outline upward could be detected; it was evidently

attached to, if it did not spring from the liver. Its lower border was clearly defined, though roundish, and feeling much like the hypertrophied lower border of the liver. It reached nearly to the umbilicus, and ran up toward the spleen; pressure gave pain, and she had sharp flying pains very frequently, such as might be supposed to arise from a slight peritonitis.

Percussion emitted a dull sound all over the swelling. Distinct fluctuation could be felt, greatest at the most prominent portion of the tumor, just above and to the right side of the umbilicus; the whole surface was *lobulated*, and the tumor was immovable. The bowels were greatly shrunken, and did not give so clear a sound, on percussion, as usual. This was owing to her extreme emaciation. Was the tumor ovarian? It had begun above, where disease of some sort had prevailed for many years, and, moreover, no attachment below the navel could be found. Was it an enlarged spleen? The mass lay chiefly upon the right side and she had never had ague. Was it abscess of the liver? She has had no fever, and no symptoms heretofore which would clearly mark an hepatitis—nevertheless, as the tumor is hepatic, it is, probably, either an *abscess of the liver, a great cyst, or a collection of hydatids.* The constitutional symptoms did not positively forbid the idea of abscess, nor did they clearly favor it.

The treatment was for her general condition. We gave the presesquinitrate of iron, nitric acid, cod-liver oil, and ale; with opium for the relief of pain. A few days only were required for her great improvement. In forty-eight hours her diarrhea was gone, and all the other symptoms were greatly mitigated. Powerful as this preparation of iron is, I have never seen it show its marvelous powers more decidedly than in this case, and will here take occasion to commend it to the profession (for I fear it is not used often enough), as one of the most powerful means we have for the treatment of the chronic diarrhea of women.

The tongue lost its redness, the papillæ reappeared,

strength, and appetite were increased, and her spirits greatly improved.

The tumor, however, kept steadily increasing, and in *three weeks* was greatly enlarged. The bowels, which before were so small, and seemed almost attached to the spine, were now swollen and tympanitic. The abdomen presented at a mere glance the aspect of a case of ascites. Percussion soon removed this illusion. A little effusion was found in the perritoneum, the bowels in the lower and lateral parts of the abdomen yielded a clear, full sound, and the tumor still emitted its dull flat sound. Fluctuation was distinct, and the tumor not so lobulated as before. The pain was greater and had been constantly increasing for some time. About the 14th of September her feet were noticed to be swollen.

Sept. 21st, Dr. Foster and I called. I have not seen her for some time. She is much worse, has had one or two renewals of diarrhea, which the iron, etc., promptly relieved.

She is confined to bed, and has been for ten or fifteen days. The tumor is so heavy, and gives rise to so much dragging pain, in the erect position, as to prevent her walking even a few steps.

She lies on the back, as turning to either side gives much pain; pressure and percussion, also, increase her suffering. She has taken large doses of opium to assuage the pain.

She has long been anxious for an operation. She knows a lady from whom I removed a large ovarian tumor, and who was thereby restored to perfect health, and supposes that of course I can, by an operation, do the same for her.

Wednesday, 24th Sept., Prof. Lawson and I saw her. The tumor was still larger, great pain; it is less lobulated, and defined; fluctuation more distinct; bowels prominent; no great constitutional symptoms; evidences of hepatic origin more clear; percussion shows liver does not ascend as high as usual. The tumor has probably dragged it downward. Prof. L. agrees with Dr. F. and myself as to the propriety of open-

ing the tumor. Dr. F. being absent, I shall wait until to-morrow.

Thursday, 25th Sept. Present, Drs. Foster and Thornton, of Newport; Prof. Lawson, and Dr. Fries, of Cincinnati. After a thorough examination by all, we agreed to operate. To-day for the first time she had some fever, the pulse was quick and small, and face flushed. It might have been due in part to the heat of the room and excitement in regard to operation. She has had a number of visitors, who have been talking to her about her case. Is it abscess or hydatids? was the question discussed. We doubted; and, therefore, resolved to proceed as though it were abscess.

The most prominent point, which was about 6 or 8 inches from the umbilicus, and 4 or 5 from the median line, was selected. I divided the skin and muscles down to the peritoneum (making an incision about two and a half inches long), which presented an inflamed and thickened appearance; many blood vessels were present, and it was doubtful whether it was not a muscle. Careful inspection proved its character, and I then thrust a needle through it to determine the nature of the contents. Pus escaped. A slight but not sufficient adhesion had taken place between the two faces of the peritoneum. I therefore would not open the swelling, for fear of the escape of pus into the cavity. The exit of pus seemed to fully demonstrate the nature of the contents. Yet, as will be seen, it did not, but really deceived us more than any other mode of exploration we had employed. Two sutures, at the suggestion of Dr. Fries, were introduced into, not through the peritoneum, and through the edges of the wound, thereby uniting them firmly. It was thought this would promote union of the peritoneal surfaces more rapidly than otherwise. Prof. Lawson gave her a small quantity of letheon. She was not totally insensible, and suffered some pain. She sunk more than could be expected, and complained of much pain. Half a drachm of tinct. opii was given, which soon relieved

her, and she rested well during the night. A firm bandage was placed around the body by Dr. Fries.

Friday 26th. Twenty-four hours after the division of the muscles, etc., Drs. Foster and Temple present, I proceeded to evacuate the supposed abscess. The surfaces were well united, and the whole wound covered with lymph. I thrust in a trocar and canula, which permitted the escape of pus that presented a healthy appearance in all respects, except being too thin, as if mixed with water. When two or three ounces had flowed, the appearance of the discharge wholly changed. It was now nothing but water. An ounce or so escaped and then the flow ceased. I ran a probe through the canula, and pus ran out, and then a quantity of water. Both soon quit flowing, and it was plain that the cyst could not be emptied through the canula; I therefore incised the sac, with a knife, to the extent of two inches, when a great gush of pus and hydatidic cysts leaped from the wound to a distance of several feet.

Such was the rapidity of their escape, that we could not collect them. We had at first a pint cup to catch, and measure the quantity of the contents. The pus and cysts passed over this, and we had to stand aside to keep from being covered with them. A large bowl was at length obtained, and the discharge was received in it. The whole affair was so novel and interesting, that I closed the wound, and sent for several neighboring physicians. In a little while Prof. Lawson, and Dr. Tripler, of the army, arrived, and the wound was again opened. At each inspiration, pus and hydatids leaped out. The small ones, and those of the size of a hen egg, escaped without difficulty; the largest, near the size of a goose egg without its shell, hung in the wound, and then floundered out. It was a curious sight. Some one compared it to the flight of Roman candles. The cysts varied in size, from a large cherry to near a goose egg, and numbered about 200. The form was generally spherical. Some were pear-shaped, and there was a difference in their fullness. The larger were not

fully distended, and could be flattened; the small ones were quite round, filled to their capacity, and elastic. I dropped one, the size of a boy's marble, on a plate, and it sprang up several inches. All were more or less elastic and translucent, though in various degrees. About a gallon of pus was discharged. The cavity had a capacity of from a gallon and a half to two gallons.

She was somewhat alarmed at the rapid escape of the matter and hydatids, and when a very large one would hang in the wound, would complain, more from fright than pain. I had to enlarge the wound towards the close, to the size of the outer wound, near three inches. I introduced my finger into the sac, and it bled freely. I suppose three or four ounces altogether. The most of this came from within. Along with the blood, and pus, and hydatids, there flowed an ounce or so of pure, thin, yellow bile. Injected with tinct. iodine and water, equal parts. She did not sink so much as yesterday. Dr. Foster gave ten drops of laudanum. A strong bandage was applied, with an opening over the wound, to permit the escape of pus, etc. She called for, and ate food, during night, and rested very well.

Saturday, 27th Sept.—Called at 11, A. M., with Dr. Roudabush. There had been little discharge. She had lain on the back all night. The opening was much contracted, and the whole abdomen fallen in. I re-opened the wound, and a free discharge of pus followed, carrying with it fifty or more cysts. At length the opening was choked with what seemed a ruptured hydatid. This I drew out, she complaining all the while of pain, I think more from fear than actual hurt. Again I injected with iodine.

Dr. R. thought this cyst was a yard long—its width was such as to completely fill the wound. It filled a large saucer heaping full. Was this a single ruptured hydatid, or was it the envelop of all? The *matrix?* A copious flow of pus fol-

lowed its removal, and a free discharge of yellow bile also occurred, amounting to several ounces.

Whence this escape of bile? Has ulceration laid open some of the bile ducts?

Injected with iodine.

Called again at 4, P. M., with Drs. Foster, Thornton, of Newport, Lee, Tibbetts, Manfred, and Roudabush, of Covington, and Frank Smith, of Boone county.

It is necessary to thrust in the canula to open the wound sufficiently for an easy discharge. This was done. A free escape of pus took place, along with large ruptured hydatids, and a large number of small perfect ones. The size of these latter was that of a pea, and less. Some bile again flowed out. Injected with iodine. The discharge does not smell bad at all, and is lessening in quantity. The sac is manifestly contracting.

Sunday morning, 28th Sept.—Slept well last night; has no fever. Passed canula, and let out a pint of healthy pus; no smell. Is iodine preserving it? Bowels tympanitic. Have not been moved since operation. Injected freely with iodine. Gave enema of turpentine, which produced in an hour a free, healthy evacuation.

Introduced a flexible (gum) catheter into wound, the end cut off, to keep wound open, and permit discharge. Fastened, to bandage round body.

Monday, 29th.—No fever; not quite so well; not so cheerful; tongue trembles, and looks a little red. Matter flowed all night, wetting bandage and clothes. Wind passed last night, and bowels moved this morning; discharge healthy. Not much appetite, though she has eaten a little food. Let out some matter, which looks and smells well. Injected wound as heretofore.

Tuesday, 30th.—A large discharge of pus last night. Dr. Foster injected the wound with iodine. A large number of small hydatids escaped. This has occurred every day. Some

fretfulness of pulse, and not a good appetite. Not so well. Some tympanitis, which I think is favorable, as the bowels thereby compress the sac against the bandage, and keep out the atmospheric air. Is not this one reason why the pus has not putrified?

Wednesday, Oct. 1st.—Saw her in afternoon. Not so much discharge. Several hydatids, of the size of peas, passed. A large one had blocked up the catheter, and prevented escape of pus. She has a good appetite, and looks and feels well.

Thursday, Oct. 2d.—Drs. Fries, Foster, and Profs. Graham and Lawson saw her with me. She feels well. Looks better. Dr. Fries has not seen her for a week, and is struck with her improvement in every way. Bowels shrunken. Wound has risen up to short ribs, an ascent of several inches. Withdrew catheter—a ruptured cyst in it; not much discharge. Injected iodine. Can force in only about an ounce. Dullness upon percussion shows an outline not much larger than a man's hand. A rapid and great contraction in less than a week.

Friday, 3d Oct., 3 P. M.—Bowels moved twice to-day; natural discharges; appetite good; no fever; pulse weak, not fast; tongue trembles, but no longer red and smooth. Swelling gone from feet; wound still higher over the ribs. *She is nearly well, apparently.* A hydatid was in the catheter this morning; there is none this afternoon—the first time none has been absent on its removal. Injected about two ounces of iodine, nearly all of which was retained. She complained of it as usual. No pain on percussion. Percussion shows the sac to be small—2 or 3 ounces of iodine fills the sac; it once would have held a gallon and a half.

Saturday, 4th Oct.—Slept pretty well last night. Has had a good appetite. Has a little headache, pulse quick, tongue still trembles; bowels moved last night and this morning—natural. Feels tired from lying—wants to get up.

Abdomen of natural size; not much flow from wound last night and this morning.

Injected an ounce or two of tinct. iodine; some forced back. She may sit up a little. I forgot to mention that she did sit a week ago, two days after operation, to have her bed made up. No escape of cysts to-day. We suppose nearly 1,000 have been discharged. It is probable their production has been arrested by the use of the iodine.

Sunday, 5th.—Was pretty well in the morning; in the afternoon she was sitting at the table with the rest of the family. No discharge from the cavity to-day.

Monday, 6th.—No discharge this morning. Had pain in side last night. Afternoon.—The catheter sprung out, and three cysts escaped—one was as large as a hen's egg—the others about the size of filberts. At night she has a little fever, in consequence of eating pork, cheese, and onions. She is a Welsh woman.

Remarks.—This case presents several points of interest, which I propose to point out for discussion.

1st. The length of time the hydatids have probably existed. The patient's youth was delicate, though she had no decided disease of any kind: she began to complain of suffering in the hepatic region, about nine years ago. We may infer that at that time the hydatids already existed, and, as it is almost certain that they may be produced, and increase in size and number for even a long period, without noticeable symptoms, it is probable she labored under the disease at a period prior to that at which she began to complain. Again, it is highly probable, nay almost certain, that for a number of years the disease existed as an hydatic collection only. The abscess was of recent occurrence. It is well known that hydatid tumors, as such, may remain for years without resulting in the formation of pus. Indeed, this is not necessary at any time, but always an accident. The rapid growth and over-distension of the cyst may cause its rupture, or a process of ulceration may occur, and lay it open; the fluid contents will then come in contact with the adjoining part, and as they are highly irritating will excite suppurative inflammation. The

opening may, as in this case, be in connection with a biliary duct. Bile will consequently discharge into the cyst, and then occasion suppuration. That biliary ducts emptied into the cyst in Mrs. Davies' case, is proved by the appearance of yellow bile in the discharges from the cavity. On the first day several drams escaped, and on the second three or four ounces. In all, perhaps half a pint was thus passed from the patient. It is not unreasonable to suppose that an opening into the sac, some time before it was made, would have let out nothing but hydatids and their contents. We may likewise suppose that the acuteness of her pains and suffering was due to the presence of bile within the sac, and the suppurative inflammation thereby set up.

2d. Is it not singular that so long a time elapsed before a well-marked tumor was discovered? Although the patient had felt pains in the hepatic region, and felt and saw that she was swelled, she never recognized a true tumor, nor did any of her medical attendants, until about five weeks after her last confinement. When first noticed, it was already large, and perfectly distinct, its lower and lateral outlines being well defined.

3d. *Diagnosis.* Budd says, "The diagnosis of an hydatid tumor, when it has attained such a size as to be readily seen and felt, seldom presents much difficulty." Yet in mentioning the various points of a differential diagnosis, he plainly shows it may be difficult. One I will mention. "The tumor can hardly be mistaken from an abscess, which never forms and attains a large size, without a high degree of fever." Now, this is a mistake, and a most important one. Large abscesses do form in the liver without correspondent constitutional disturbance, both in man and the lower animals. We were assured of this in considering Mrs. Davies' case. And had we not previously known the fact, her case alone would prove it. For in her was found a larger abscess, without preceding chills, shiverings, fever, sweats, etc., which invariably (according to Budd) mark the use and progress of hepatic

abscesses. Moreover, the tumor was lobulated when first examined—an unusual thing, except in malignant tumors. Dr. Foster and myself made out a cyst of the liver. What its contents were, we could not decide. Whether a common or an hydatic cyst, we doubted. The presence of pus was positively determined by puncture, although it was supposed to exist. The effect of the puncture is worthy of a remark. It was made with a surgeon's needle. Several drops of pus immediately flowed out. Had one of the hydatids lain against the puncture, pent water alone would have escaped, and the diagnosis would have been different. The means seems to be demonstrative, but in truth, was delusive. Nelaton speaks of *fremissement* as a diagnostic sign. This is a sort of vibratory movement which prolongs itself some time after the blow. *Fremissement* is perceived in those cases only where a number of hydatids are in the cyst, and never when there is but one. Nelaton says it is pathognomonic, and is occasioned by the various elastic bodies striking against each other and thus prolonging the percussion. This sign, if present, was overlooked.

4th. *Mode of Opening.* A direct puncture, whether free or small, is always attended by danger, unless union has taken place between the sac and the abdominal walls. If pus, as in common abscess of the liver, is the only fluid present, it will, by escaping into the peritoral cavity, give rise to speedy and generally fatal peritonitis. The contents of hydatids are likewise a powerful irritant. Analogy would not favor this idea; but observation has shown it to be true. In this case there was not only pus and hydatic serum, but also a considerable quantity of bile. Had this compound fluid been permitted to flow into the cavity of the belly, a frightful inflammation, leading to early death, would have occurred. It was, therefore, indispensable that such a catastrophe should, if possible, be warded off. This was not to be done by procuring union of the opposing faces of the peritoneum. Various means are resorted to for this purpose. Of late years the

one I employed had received much favor. Nelaton does not like it, and says it has often failed, and Budd has twice been unsuccessful. Nelaton and others prefer caustic. But this is tedious and painful. Budd prefers to leave an abscess of the liver to natural processes, believing the liver cannot contract rapidly enough in the event of puncture.

Graves introduced the method of preliminary incision, and he and Stokes have several times practiced it with success. Others have resorted to it with benefit; and it appears to me to be the most scientific and rational method. The result in this case was strikingly good. Twenty-four hours after division of the skin, muscles, and parietal peritoneum, all the parts involved were covered thickly with lymph, and complete adhesion had taken place. Effusion into the cavity was not to be feared. The sutures passed through a part of the visceral peritoneum, and the edges of the wound, at the suggestion of Dr. Fries, probably aided the final and salutary effect.

5th. *Nature of the contents of the sac.* Prof. Lawson made a careful microscopical examination, and has kindly furnished me the following statement:

"The cyst or cell-wall exhibited, under the microscope, a finely laminated arrangement. A transverse section showed numerous lines, which were evidently the divisions of the various lamina. I could not estimate either the number of the lamina or their thickness, but they were evidently very numerous, and consequently exceedingly thin, for the entire membrane could not have measured more than half a line. The membrane collectively presented the appearance of a simple homogeneous tissue, having neither cellular nor fibrous arrangement. It manifested a tendency to roll up when cut, and could be torn into shreds, but no *fibres* could be detected.

"The contents of the cyst consisted of transparent serum, in which floated white flocculi, varying in quality in different specimens. On subjecting these to the microscope they were found to consist of numerous cells, varying in size from about the 30th of a line to a mere point. In some of the speci-

mens (especially the larger) these cells were very numerous. They were found chiefly in the white flocculi, in connection with a white amorphous substance in which they appeared to be imbedded. There were but few cells found in the serum, independent of the flocculi, although numerous granules were floating in it. Cells could be obtained, also, by scraping the inner surface of the cyst.

"The microscopic cells were mostly oval in form, although a few were observed to be pyriform. Some were distinctly granular, and looked not unlike pus corpuscles; others contained one or two nuclei. A majority, however, were simple cells, without granules or nuclei. An evident tendency to aggregation was observed, the smaller clustering about the larger.

"Acetic acid produced no sensible effect on the microscopic cells, except to render the whole mass slightly more transparent. Tincture of iodine produced no immediate change. The cells, however, speedily became tinged with the iodine, apparently by penetrating the cell-wall.

"Nothing bearing the appearance of the *echinococci* could be detected. I looked carefully and anxiously for these parasites, but was unable to verify their presence.

"The magnifying powers which I used were the inch, half inch, seventh, and twelfth.

"It is proper to add, that the cysts had been in alcohol several days before the examination was made; but it is scarcely probable that this circumstance would have prevented the recognition of echinococci, had they been present. I am firmly convinced there were no animalcules within the cysts."

6th. *Result of treatment.* The preliminary division of the skin and muscles was attended by a most favorable result. Not a drop of the contents of the sac entered the cavity of the belly. This might not have occurred without this procedure, as there was more or less union of the tumor to the walls of the abdomen, and had been for some time. The large effusion of plastic lymph over the wound at the end of one day showed the completion of the union.

When the incision into the sac had been made, the pus and hydatids leaped out. This was due not only to the great distention of the sac, but likewise to its elasticity and rapid contraction.

As soon as the cavity was sufficiently evacuated, a tight bandage was passed around the body, and this has been kept on to the present period. The pus had a healthy appearance, and tinct. iodine was injected on the first day. The sac steadily contracted. The iodine perhaps facilitated this important movement. The pus has not, up to this time, smelt or appeared bad. Its healthy character is attributed to the modifying influence of the iodine, and the prompt contractions of the sac. It was feared, and is always to be dreaded, that laying open so large a cavity will cause putrefaction of the purulent secretion, as well as a great increase of its quantity —rendering the patient liable to succumb under the prostrating effects of the great drain, and the absorption of the unhealthy pus.

The cut tended to close. A catheter was thereupon introduced and kept in. The internal treatment was the same as before operating, and such is suitable to a chacheatic habit, viz: iron, cod liver oil, and ale or wine, with nutritious diet. Her moral condition was always good. Previous to the operation, and especially during four or five days preceding it, her suffering was so great as to require the constant use of large doses of opium, whereas afterwards she never took but one dose, and that amounting to only ten drops. The pain was rapidly assuaged.

Reviews and Notices.

A Treatise on the Practice of Surgery. By Henry H. Smith, M. D., Professor of the Principles and Practice of Surgery in the University of Pennsylvania; Consulting Surgeon to the St. Joseph's Hospital, Philadelphia; Author of a Treatise on Operative

Surgery, etc., etc. Illustrated by 274 engravings on wood. J. B. Lippincott & Co. Phil., 1856. pp. 828.

This work, according to the author's preface, has been prepared to serve as an adjunct to his lectures, and, together with his treatise on the operations, "to form one series on the Science and Art of Surgery." Although he has aimed to present the student with only the elements of surgery, he hopes to excite in his mind a spirit of inquiry that shall induce him to study the more comprehensive treatises on specialities, such as Sir Astley Cooper's on Fractures and Dislocations, Diseases of the Breast, Hernia, etc.; Stanley on the Bones; Lawrence on the Eye; Wilde on the Ear, etc., etc. Prof. Smith's experience with medical students must have been very different from that of many other teachers, to inspire him with the belief that the majority of them will be able or disposed to purchase the extra volumes to which he alludes. The most extensive medical publishers of his own city have assured us that no works have proved so unprofitable to them as some of those enumerated by the author. For our own part, we must confess a decided aversion to this multiplication of elementary works. We do not believe that any of them are entitled to be dignified with the title of THE "Practice of Surgery." Were the Professor to consolidate his treatise on Minor Surgery, his System of Operative Surgery, and the volume just issued, they would be more worthy of the appellation bestowed upon the latter. Even then, however, the meagre details of the Principles of Surgery would seriously affect the value of the work. Contrasted with the elaborate Traite de Pathologie Externe, in 5 vols., of Vidal, in which the materials are so appropriately blended, Prof. Smith's consolidated work would exhibit many unfavorable points of view. In a treatise purporting to notice in so limited a space, and necessarily so imperfectly, every affection which the surgeon may be called to treat, the author, in our humble opinion, has committed an error in devoting eight and a half pages to the bites of serpents, and of rabid animals, and little more than a page to spina bifida; twelve lines to imperforate rectum, and three pages to arthritis of the knee and ankle joints. We have practiced surgery for nearly twenty years, and have not as yet been called to see a patient bitten by a mad dog or a rattlesnake, whereas the other affections to which we have referred are not of very uncommon occurrence. Again, five pages on the effects of poisons upon the stomach, and the antidotes

to such poisons, present rather a ridiculous contrast, in a work on the Practice of Surgery, with three lines on hare lip, and three and a half lines on salivary fistula. *Encore*, three pages on the much vexed question of the *origin* of syphilis, seem to us, in a practical work, sadly out of proportion to one and a half on varicocele. It may be objected to our criticism, that reference is constantly made to the author's "Operative Surgery." To this we would reply, that such a volume is rather an unnecessary and expensive Index.

LIBRI MULTI, NUMMI PARCI, is seriously felt by most medical students, and in order to procure this "one series" of Professor Smith "on the Science and Art of Surgery," the student in Cincinnati must pay two dollars for the Minor Surgery, six dollars and seventy-five cents for the Operative Surgery, and five dollars and a half for the present volume, making in all $14 25 for the complete work. We might enumerate other objections to the plan of the present undertaking; but the most serious, in our humble opinion, is, that the work will have a tendency to dispose the student to rest content with superficial acquirements. Far be it from us to attribute to the author any such purpose. But we have had some opportunities of observing the habits of medical students, not only in our own country, but in foreign lands, and we are fully persuaded that it is no easy matter "to tempt them," in the language of Professor Smith, "to further investigations, through the medium of the excellent monographs of such authorities as Sir Astley Cooper, Sir Benjamin Brodie, or the veterans of St. Bartholomew, viz.: Messrs. Lawrence and Stanley.

The illustrations, of which 107 are new, reflect much credit on Mr. Baxter, the artist. To those who are already in possession of the author's work on Operative Surgery, we would say, by all means procure the present volume. B.

The History and Statistics of Ovariatomy and the circumstances under which the operation may be regarded as safe and expedient. Being a Dissertation to which the Prize of the Massachusetts Medical Society was awarded, May, 1856. By GEORGE H. LYMAN, M. D. pp. 146.

The late Mr. Guthrie, in his Commentaries on Surgery, published in 1853, relates the story of his interview with a respectably dressed, middle-aged woman, who entered his office one morning, saying that

she was sent to show him her "DOMEN." Seeing that Mr. G. hesitated, she added, "the mark of the cut, sir, made by Mr. ——— in my stomach, fourteen inches, sir, from the end of the breast bone to the bone below." "Then, Madam," said Mr. G., "you were regularly opened." "Oh, yes sir," she replied, "a lump twice as big as your head was taken out, and the doctors were very kind. One put back my bowels, another arranged my liver, and pushed my stomach up into its place; but there was some difficulty about what they called my 'colon.'" There are some other difficulties connected with this operation beside those presented by the "colon," and it has been the object of the author of the present prize essay to investigate the nature of these, and the best means of surmounting them. In his history of Ovariotomy, Dr. Lyman places the name of L'Aumonier among the first successful operators, an assertion at variance with that made by Professor Gross, in his History of Kentucky Surgery, wherein he declares that L'Aumonier's operation was for the removal of an abdominal tumor from a boy!

Among the measures recommended for the cure of ovarian dropsy, is injection of the cyst, and the results of this practice are thus well summed up by Dr. Lyman:

"In the Philosophical Transactions,[1] Mr. Warrick, of Truro, reports the case of Jane Roman, in which he injected 'Cohore claret' and 'Bristol water,' after tapping for ascites. She recovered. He also mentions the proposal of Garengeot to rinse out the cavity, after tapping, so as to remove 'the feculent part of the waters.' It is only, however, of late years, that this plan has been followed to such an extent as to entitle it to rank among the established points of practice. Its most strenuous advocates have been the French. In hydrocele, hernia, synovial disease, hydrocephalus, pleurisy, ascites, and cystic disease of the ovary, it is now constantly employed; and, very recently, the pericardium itself has been treated in the same way. While looking for cases of Ovariotomy, I have noted such cases, recent or not, as I have met with treated by injection. Some of them, like similar cases quoted in the last section, are instances in which this treatment was an afterthought, as it were, suggested by the progress of the case, and not entering into the original design of the operator; and the great variety of circumstances, relating both to the operation, and the condition of the cyst, as well as the character of the injection used, will render the result only an approximation to the truth. I trust, however, that it will not be valueless, as an evidence of the frequent success following this method.

1. vol. xliii, p. 12, 1744.

In Le Dran's two cases (pp. 12, 13), injections were used, the patients both recovering.

Denman[1] mentions a case in which wine was injected; the patient dying, the sixth day, of inflammation.

Scudamore (p. 15) used port wine and sulphate of zinc, without any apparent effect upon the disease; the patient dying, in a few weeks, of exhaustion.

Trowbridge[2] injected, as a part of the treatment, warm port wine and water; the patient recovering in fifteen days.

Samel,[3] after drawing from the cyst thirty-eight pounds of purulent, inodorous liquid, of the consistence of honey, forced air through the canula, as an irritant. Adhesive inflammation was induced, and the patient recovered.

Rigollot[4] drew ten or twelve pounds of 'purulent, fetid, greenish fluid,' by tapping. Twenty days after, tapped again, and injected 'a decoction of plaintain and red-rose leaves, with a little wine.' This caused acute pain; and, after the liquid was removed, the abdomen was kneaded, in order to inflame it! This result followed, requiring active antiphlogistics. Cure complete in one month —a small, indolent tumor remaining.

Holscher.[5]—After two tappings, at an interval of four weeks, the cyst was injected with two livres of wine, which was allowed to remain ten minutes; slight febrile reaction. In three months, was well.

Truckmuller.—Decoction of oak bark injected, as part of the treatment. Recovered in two months (p. 17).

Dohlhoff (p. 17).—Wine, and also a solution of pernitrate of mercury, were injected, as a part of the treatment. They seemed to have no local effect; the patient dying, in six days, of exhaustion from the disease.

Pilcher[6] injected on ovarian cyst with sulphate of zinc. Suppurative inflammation ensued; recovered. He thinks it questionable whether this, or entire extirpation, is the more dangerous.

Allison's case (p. 17) seems to have owed its success as much to the iodine injection as the permanent opening.[7] See also pages 18, 20, 21, for cases of Bainbridge, Tilt, Anderson, Crouch, Kiwisch, etc.

Dr. Duplay[8] says, that neither large size, advanced age, or the character of the encysted fluid, need deter from the operation; and

1. Am. ed. 1807, p. 60.
2. See Synopsis, 266.
3. L'Experience, 1838, from Hufeland's Journal, October, 1830.
4. Med. Chi. Rev. vol. xv. 1831; and Boston Med. and Surg. Jour. vol. v., from the Trans. of the Med. Soc. of Lyons.
5. Encyclographie des Sc. Med. vol. xxvii, from Revue Medicale.
6. Lancet, vol. i, 1844, p. 390.
7. Prof. Simpson quotes this as cure by injection.
8. In an interesting paper in the Archives Generales, 1853, p. 194.

he advises it to be done immediately after the first tapping, instead of waiting some months, as in many of the cases reported. He details the case of a patient, age sixty-five, in whom, all other remedies having failed (drastic purgatives, etc.), he drew four gallons by tapping, and then injected eight ounces of solution of iodine.[1] After kneading well the cyst, the injection was removed. Not the slightest pain was caused; and, though some febrile reaction and tenderness ensued, she soon recovered, and continued well a year after. He quotes from—

M. Boinet, who has also had two[2] successful cases (one injected immediately, the other some months after first tapping), as follows: "Les femmes eprouvent une fievre, plus ou moins forte; quelquefois il survient des nausees, quelques symptomes legeres de peritonite; il y a de l'agitation, de l'insomnie; la peau est chaude, le ventre est plus ou moins sensible, surtout dans les points en rapport avec le kyste; mais tous ces accidents habituellement legers, cedent promptement au repos, aux cataplasmes laudanisees, aux onctions mercurielles, et disparaissent completement dans les premieres vingt-quatre heures; rarement ils durent plus de deux ou trois jours. Chez les sujets nerveux, la reaction est generalement plus forte; mais elle disparait aussi facilement que chez les autres."

Duplay has since reported[3] another successful case.

Jobert[4] injected one case with alcohol, successfully; and, on the same authority, Ricord has had one, Robert three, Boys de Loury one, and Monod several, successful cases.

Dr. Tyler Smith[5] injected four ounces of tincture of iodine; the case promising recovery at the time of the report, four days after the operation.

Mr. Brown[6] injected five ounces of tincture of iodine (Edinburgh strength), and allowed it to remain. Trifling pain only followed; but the case was unsuccessful, the cyst refilling.

Prof. Simpson[7] has injected ten or twelve cases with iodine, most of them proving successful. He confirms the above opinion as to the absence of resulting pain or excitement.

Dr. Shattuck,[8] after a second tapping, injected four ounces of tincture of iodine. In three weeks, the fluid re-accumulated, and the operation was repeated. The patient died, in two days, of peritonitis. No autopsy could be obtained; but, as the first injection caused no troublesome results, it is quite probable that the peritonitis was due to other causes than the iodine.

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1. Guibourt's formula,—Iodine, 5 parts; iodide of potassium, 5 parts; alcohol, 50 parts; water, 150 parts.
2. These cases are in the Archives Generales, t. xxx, 1852, p. 483; and one of them is in the Lancet, vol. ii, 1852, p. 570.
3. New Orleans Med. News and Hosp. Gaz., July, 1854, from Bulletin Therapeutique.
4. Quoted by Duplay.
5. Lancet, vol. ii, 1854, p. 459.
6. Lancet, vol. i, 1855, p. 384.
7. Obstetric Works, vol. i. p. 260.
8. Boston Med. and Surg. Jour. 1855.

Since writing the above, I find it stated[7] that Prof. Ackley has been successful, in five or six cases, by injecting iodine, first causing adhesion of the sac to the abdominal parietes by passing in exploring needles.[1]

Dr. Mussey[2] used injections in two cases, causing a great deal of suffering and no benefit.

Dr. Blackman[3] mentions one case where injections proved fatal.

Dr. Fries also,[4] between the two attempts at extirpation, used injections of nitrate of silver, with no good effect.

In addition to these methods, Dr. Cartwright, of New Orleans, has proposed catheterism of the Fallopian tubes, and[5] gives the details of a case thus operated upon with success,—the only one I have met with; and Dr. Tanner[6] has suggested the propriety, in case adhesions hinder the extirpation of the cyst, of tying the pedicle firmly, after the fluid has been removed by tapping, in the hope that this obstruction of the main arterial supply might prevent a reaccumulation of the cystic secretion, 'whilst the supply of blood furnished by the adhesions' will be sufficient to prevent gangrene. I am not aware that this suggestion has ever been carried out in practice."

After noticing the various objections made to Ovariotomy—objections which Dr. L. regards as applying with equal force to every kind of capital operation—he next examines the question, "Under what circumstances may the operation be regarded as safe and expedient?"

"In view of the fact that the tumor is occasionally of very slow growth, and that the general health of patients suffering from cystic disease of the ovary is ordinarily good, unless inflammation of the cyst supervenes, or some accident causes its rapid development, we should say that it was neither safe nor expedient to put in force any operative procedure, before constitutional symptoms are excited by the suffering from distention, and the consequent disturbance of the functions of digestion, respiration, etc.[7]

The fear of adhesions, or other future contingency, does not render an operation safe or expedient, as has been often urged; for those contingencies may never arise.

If any operation is contemplated, the above period (i. e., that in which serious constitutional disturbance begins to show itself) should

1. Trousseau's plan, p. 19. 2. West. Lancet, March, 1856. 3. Ib.
4. Synopsis, 169.
5. Boston Med. and Surg. Jour. vol. xliv, 1851. From New Orlean Med. and Surg. Jour. 6. Druitt, p. 467.
7. Section XIII. shows that, in the majority of the operations, the mortality is small, in comparison, when the disease has existed at least three or four years; which is probably not far from the period in which these constitutional symptoms would begin to show themselves, in a fair average of cases.

be selected; farther delay diminishing the chances of a favorable result, by the progressive loss of health and strength, and the liability to repeated attacks of subacute inflammation of the cyst, and the formation of adhesions

It is neither safe nor expedient to operate, if there be any signs of a malignant diathesis.

The safety of the operation is greatly diminished by the co-existence of uterine or other visceral disease; and hence it is neither safe nor expedient to operate until every known method of diagnosis has been exhausted—as the touch, the use of the uterine sound, auscultation, percussion, etc.; after which, no case, no matter how positive apparently the diagnosis may be, should be operated upon until after previous *tapping*, that every certainty, short of actual sight, may be possessed.

This preliminary tapping should be followed by moderate pressure, in the hope of checking the refilling of the cyst, as such favorable results have occasionally followed; and the patient is in no worse condition for ulterior measures, even should the tapping prove useless.

If, after the removal of the characteristic fluid, it again accumulates, no 'bold incisions' are justifiable until the smallest possible exploratory incision has shown that no adhesions exist, so far as this can be ascertained by the introduction of a finger or probe.

Under the above conditions alone do we think that Ovariotomy can be considered both safe and expedient. But the farther question now presents itself, Is not this operation expedient, even though it may be less safe, in many of the remaining cases?

The answer to this depends entirely upon how far it is justifiable for a surgeon to assume the risk of cutting short a life, which, at any rate, must terminate in a few weeks or months at most, in the very uncertain hope of prolonging it by operation. This is a question of medical ethics which each individual conscience must answer for itself, and upon which an honest difference of opinion may, and in fact does, exist. If, however, we take as our guide the surgical practice in many malignant diseases—the treatment, by amputation, of inveterate cases of necrosis, articular disease, etc., the operations of embryotomy, or Cæsarian section—we should say, without hesitation, that very many of the more desperate cases of ovarian tumor were legitimate subjects for operation. Has the surgeon a right to say to one, who, with death staring her in the face, urgently demands, as her last hope of life, such relief as his art may perchance afford, 'I dare not assume the responsibility'"?

Our space is too limited to permit us to insert his remarks on the diagnosis of ovarian tumors. Our readers will readily agree with Dr. L. that the abdomen has been freely opened by distinguished surgeons—men in the habit of operating, and fully aware of their

esponsibilities—who, to their dismay, have found either an entirely different disease, or no disease at all—"only flatulence and fat." The abdominal enlargements which may deceive the practitioner are the following:

Pregnancy; Ascites; Fibrous tumors of uterus; Enlargements of kidney, liver, or spleen, and omental tumors; Hydatid disease of the peritoneum; Spinal curvature; Psoas abscess; Hysterical tympanitis; Fecal accumulation; Retroversion or retroflexion of the uterus; Hydrometra; Distention of bladder by retained urine; Recto-vaginal hernia, or prolapsus of the ovary; Pelvic abscess; Muscular contraction of the abdominal parietes.

From the analysis of 300 cases of Ovariotomy, Dr. Lyman thinks we may gather the following facts:

"In three-tenths of the cases (29.72 in 100, Section I), the operation could not be completed.

The rate of mortality in all the operations (Section II), was 40.13 per cent.

In seven-tenths of the cases (Section III), the operation was completed, with a resulting mortality of 42.78 per cent.

In the unfinished operations (Section VI), the mortality was 30.68 per cent.

The proportion between the whole number of recoveries, *after the removal of the tumor*, and the whole number of operations undertaken in the hope of such a result, we find to be (Section IV), as 39.66 to 100, or less than two-fifths!

Adhesions caused the abandonment of the operation in 22.06 per cent. of the whole number, or caused 77.27 per cent. of the failures (Section VII).

No tumor was found in nearly three per cent. of the whole (2.66 per cent., Section VII).

Where adhesions complicated the removal, 47.82 per cent. died; where no adhesions complicated the removal, 32 per cent. only died.

Of the whole number of short incisions, 30.76 per cent. died; of those completed, 38.33 per cent. died; of those not completed, 22.80 per cent. only died.

Of the whole number of long incisions, 41.95 per cent. died; of those completed, 41.46 died; and of those not completed, 45 per cent. died.

Previous tapping does not always cause adhesions.

As far as these cases go, the mortality is least between the ages of fifty and sixty, and greatest under twenty.

The mortality is least when the disease is of between three and four years' duration.

There is but little difference in the mortality between the mar

The right ovary is more often diseased than the left, though less so than often stated.

Of the above fatal cases, 42.35 per cent. were from peritonitis, 23.52 per cent. from hemorrhage.

Death ensued, upon an average, the eighth day; the average of deaths from peritonitis being also the eighth day; and those from hemorrhage in twenty-two hours.

And, finally, in more than ten per cent. of the cases, important errors of diagnosis occurred.

We must now bring our notice of Dr. Lyman's essay to a close. It certainly is one of the most complete and interesting monographs on the subject which has come under our notice. We believe, however, that the author will agree with us, that it is impossible to form any very accurate conclusion in reference to the mortality following Ovariotomy, for who is not familiar with the histories of unfortunate cases, the details of which the operators are ANXIOUSLY waiting for an opportunity to present to the profession? But we will not enlarge upon this point until we have removed "the beam from our own eye"! B.

Therapeutics and Pharmacology. By GEO. WOOD, M. D., Professor of Theory and Practice of Medicine in the University of Pennsylvania, etc. In two volumes.

Since issuing the last number of our Journal, we have examined many parts of this work, and feel gratified in recommending it to the profession at large, and to medical students in particular. The author, as stated in the preface to these volumes, was engaged for about thirty years in publicly teaching the Materia Medica, and he has enjoyed superior advantages, both in hospital and private practice, of testing the operation and uses of medicines. With a mind naturally sagacious, he has been a most laborious student, as all his published works so fully attest.

If we were asked our opinion of a therapeutic treatise, we should say, with Renouard, "Its merit does not consist so much in nomenclature and classification of curative agents, as in a scrupulous care to specify well the circumstances which cause a variation in the effects of these agents;—not in attributing to them any imaginary virtue in connection with this or that medical doctrine, but in keeping strictly to the results of pure observation."

Judging the present volumes from this stand-point, we saw very

much in them that is good, and not a little that is bad. Thus, in many instances, when recommending a remedy for a disease, instead of stating with particularity the character of the cases, the attending circumstances which cause a variation in the effects of the remedial agent, with numerical results, etc., etc., as a basis of the recommendation, we have instead but a general direction, drawn from some favorite theory of disease on the one hand, and the physiological operation of the remedy on the other. Instead of stating clearly and definitely *what it is*, there is, it seems to us, too strong a disposition to indulge in speculation as to *why it is*. This is a fault of almost all writers who have been long engaged in teaching students. When the author adheres strictly to the results of pure observation, he is generally clear, full, and forcible; but when he forsakes this plainer and better path to entertain us with his notions about the modus operandi of medicine, he is entitled to little more of our faith than Brown, Rassoni, Broussais, and others who have wandered in the same field.

Still, notwithstanding these and some other defects, which we may notice in future, we repeat our recommendation to the profession, to purchase the book. It is gotten up in fine style by Lippincott & Co., the publishers, and is for sale by Derby, on Main st., Cincinnati. *

Lehre von den Blutigen Operationen am Menschlichen Korper. In Abbildungen mit erlauterndem Texte. Zum Gebrauche fuer Studirende und ausuabende Wundarzte. Von Dr. G. B. Gunther, Professor der Chirurgie zu Leipzig.

(*On the Bloody Operations performed upon the Human Body.* By Dr. G. B. Gunther, &c.)

This work, commenced in 1853, has reached its eighteenth fasciculus. Professor Gunther has been assisted in his task by Professors Ritterich, Streubel, Drs. Schmidt, Berger, Coccius, and Hennig. Together, they certainly have produced a remarkable work. We know of no other in which *every* detail of operative surgery has been so faithfully delineated, or in which more complete statistics of the results of capital operations can be found. The parts thus far published treat of minor surgery, amputations, exsection of bones, and the ligature of arteries. When finished it will con-

stitute one of the most comprehensive works ever published on operative surgery. From its title, we conclude that the author does not intend to discuss the subject of fractures or dislocations. B.

Handbuch der Praktischen Chirurgie, fur Artzte und Wundarzte. Von Dr. VICTOR BRUNS, Professor der Chirurgie und Chirurgischen Klinik in Tubingen.

(*A Manual of Practical Surgery, &c.* By Dr. VICTOR BRUNS, &c.)

The first part of this work appeared at Tubingen in 1854. From time to time we have received other portions, and have now in our possession the whole of the first volume, comprising some eleven hundred pages, devoted to the surgical affections of the head. A magnificent atlas of plates, in folio, accompanies the work, and we venture to assert that, upon the topics discussed, it has no superior in any language. The learned author exhibits an acquaintance with the contributions which have been made to surgical literature, throughout the world. At the commencement of each division of the work, we find a most extensive list of references. As is usual with German writers, we find a much greater familiarity with the labors of our own countrymen, than is met with among the French. The volume before us abounds with valuable statistical information, some of which we may hereafter be tempted to transfer to the pages of our Journal. B.

Editorial.

☞ With the commencement of the new year, we expect to assume the entire control of the *Western Lancet*, both as editor and proprietor. It is our determination to enlarge the journal, to improve its typography, and to make use of a better quality of paper. Frequent illustrations will also be given. We have made such arrangements as will secure the aid of valuable collaborators, and we feel authorized to promise our subscribers the full value of their money. It may be expected that we should fully express, at this time, our sentiments on medical politics, as well as the principles by which we purpose to be governed in our editorial duties. In reference to the former we will only state that we shall at all times feel bound to

uphold the dignity and interests of the profession, and that as editor, we are firmly resolved that nothing of a personal character shall ever sully the pages of the *Lancet*.

The profession has suffered too deeply and borne with too much patience the annoyances arising from the quarrels of rival practitioners, and of rival institutions.

The pages of a medical journal, in our humble opinion, can be more profitably filled than with scurrilous personal attacks, and, we doubt not, had this propensity been less indulged by editor and contributor, the profession would now occupy a far higher position than it at present enjoys. With this expression of our views, we trust that no one will solicit the use of our pages, for aught than the diffusion of medical knowledge, or, the elevation of our ranks. To these objects alone shall our efforts be directed, and we know that our hands will be strengthened by the *good and the true*, who, we fancy, are ready to commend our enterprise, and to address to us the language of Wiseman, "*Let thy sincerity, in thy acting be thy warrant for God's blessing on thy endeavors.*" B.

☞ Subscribers remitting their money for the next volume before the first of January, will receive, GRATIS, a copy of a work to be entitled, "Lectures on the Diseases of the Bones and Joints." It will consist of the revised lectures delivered on the subject by the editor, during the present session of the Medical College of Ohio. A portion will appear with each number of the Lancet; in extra sheets, and the whole, forming some 250 or 300 pages, will be completed during the year. This will be sent only to those who pay in advance. The price of subscription to the *Lancet* will be three dollars IN ADVANCE! Subscribers to the new volume will please direct to our new residence, No. 44, Ninth street, Cincinnati (*between Vine and Walnut*). B.

☞ Since Dr. Evans' report of his case of hydatids of the liver was placed in the hands of the printer, no less than two hundred more of these extraordinary productions have been discharged, and we regret to learn from the Doctor that the prospect of the woman's recovery is by no means as favorable as at the time of writing his report. The farther progress of the case he promises to furnish in the December number of the *Lancet*. B.

MEDICATED VAPOR BATHS.—Mr. A. B. Coleman, the enterprising proprietor of the Burnet House, has made an addition to his princely establishment, which richly deserves the attention and patronage of the medical profession. We allude to an arrangement of his bathing department, by which a patient can enjoy a medicated vapor bath in all its perfection. Medical men need not to be told of the advantages to be derived from the direct application of remedial agents to the surface of the body. These have long been known, and are universally acknowledged. The want of a suitable apparatus for the purpose has been the cause of the too infrequent resort to this mode of administration; and Mr. Coleman is entitled to the thanks of the profession for the addition thus made to the world-renowned "BURNET"! B.

☞ It affords us much pleasure to claim Dr. Brown-Sequard, whose brilliant discoveries are at present exciting so much admiration, as one of our own countrymen. In a letter to the editor of the *Charleston Medical Journal*, dated Paris, Aug. 1st, 1856, he thus proclaims his right to be called an American citizen:

"In finishing your article of May last, you say: 'The medical editors of this country are called upon to contest the claims of the European, and assert the right of priority of discovery of the American physiologist.' I was not born in Europe, and I am not in any way a European. I am an American citizen, not by naturalization, as you might think, but by right of birth, according to the United States law, that wherever a man is born, if he is the son of an American, he is himself an American. I might add that my father's family, in the last century, settled in your own State, in New York, and in Philadelphia; and my father, who was born in Philadelphia, served several years, when young, in the United States navy, as a midshipman.

"I may, therefore,—and I am proud to be able to do so—call myself, your countryman, E. C. BROWN-SEQUARD, M. D."

B.

☞ Among the bibliographical notices in a late number of the *London Lancet*, we find one of a work lately published, entitled, "Practical Hints for Investing Money in the Funds and other Securities." The writer of the notice has but little doubt that the book will prove acceptable to those of his more prosperous professional brethren, who, with savings to invest, require some experienced guide to instruct them WHERE and HOW to make investments to the best advantage, and with the least possible risk. We have not yet received a copy of this work, but when we do, we will transcribe the important

counsel which it may contain. Perhaps the author's plan for profitable investments may do away with the "Societies for the Relief of the Widows and Orphans of Medical Men!" In connection with this subject, the reader may not be uninterested in the following extract from an address not long since delivered by Professor Simpson to the newly-elected graduates of the University of Edinburgh, in which he speaks of "money in and out of the profession." He tells the young gentlemen not to expect to make as much money as if embarked in trade, or in any other profession; but referred to the following instances:

"Dr. Hall, in the Crimea, has a salary of two guineas a day, 'an income far less than that made by many a second or third-rate village apothecary (general practitioner), in England'; Dr. Cheyne, of Dublin, when only 34 years of age, made only three guineas during the first half of his second year's practice—nine years subsequently, he was making £5,000 annually; Dr. Chambers, in his fifth year of practice, and when 34 years of age, made £211 in fees—seventeen years subsequently, £9,000 annually; Dr. Baillie, £11,000 in one year; Dr. William Hunter had not money to advertise his lectures. In 1788, the son of an English clergyman attended the classes of Edinburgh, and lived in a room which cost him 5s. 6d. a week; in after life, as Sir Astley Cooper, his professional income in one single year amounted to £23,000. We might add to these the following items, stated on good authority: Mr. Colles, of Dublin, made £11,000 a year; Albert Smith, a surgeon, gave up his profession in dismay, and made £19,000 the next winter out of 'Mont Blanc'; Professor Anderson, now in London, makes something like £10,000 a month, displaying the absurdities of table-turning and mesmerism. £86,000 is said to have been recently realized by the sale of a copy-right of a newspaper which originated in the sale and advertising of a patent medicine, while we fall out with Dr. Cormick's *Association Journal*, for spending £15,000 in fifteen years, in struggling to uphold legitimate medicine. Homeopaths in London make double as much money as seventy average surgeons."—*Dublin Medical Press.*

The medical profession, in our humble opinion, have the power materially to improve their pecuniary condition, and if they were only true to themselves, they would lose no time in acting in concert in so important a matter. The present rate of remuneration is out of all proportion to that received by members of the legal profession for their services; and until they profit by the example of the latter, the majority will continue to have cause to lament the *res angustæ domi.*

With such compensation, it is not surprising that they have nothing "*to invest*" in valuable works, or medical journals. Nor can we censure the public for their want of confidence in the regular profession, nor for their liberal encouragement of the Homeopaths, who, in London, according to Professor Simpson, "make double as much money as seventy average surgeons." B.

☞ An infant affected with club-foot, was brought a few days since to the Commercial Hospital for treatment, and on examination, the fingers on both hands were found to have suffered partial amputation IN UTERO. The bands producing the circular indentation were found at birth firmly embracing the fingers, as well as one of the lower extremities, just below the knee. The case was one of interest in connection with the views advanced by Dr. Montgomery and Professor Simpson, on the spontaneous amputation of the limbs IN UTERO. These authorities maintain that the bands or cords consist of organized lymph, and that this lymph has been effused by inflammatory action. Professor Simpson asserts (Obstetric Works, 2d Series, p. 150), that inflammation, with the different pathological changes which it produces, is one of the most important of the various morbid actions which are liable to occur in the fœtus, both as regards the frequency of its occurrence, and the nature of the effects to which it gives rise. Again, at p. 338, he remarks, "that the cutaneous texture of the fœtus IN UTERO is liable to inflammation, attended with the effusion of organizable lymph, is known from the circumstances of different parts of the surface of the fœtus being occasionally found adhering, either directly, or by the medium of false membranes, to the amnion covering the placenta, to some part of the umbilical cord, as described by Pole, Meckel, Velpeau, and others, or to other parts of its own body, as observed in the case mentioned by Morlanne. Further, that organizable lymph, when effused by inflammatory action between two contiguous parts of the surface of the fœtus, is capable of being changed into pseudo-membranous bands or cords, similar to those observed in Dr. Montgomery's first case, and in the cases described by Schæffer and Zagorsky, appears from the circumstance of lymph occasionally assuming this form, when effused between the contiguous points of such surfaces as have a free motion on each other, as is sometimes seen in the bands of

false membrane found stretched from one point to another of the cavities of the pleura, pericardium, and peritoneum."

Such of our readers as may wish to investigate this matter in all its details, we would refer to the papers of Dr. Montgomery, in the first and second volumes of the *Dublin Medical Journal*, or to the work of Professor Simpson, from which we have already quoted.

B.

☞ Dr. Muspratt, Professor of Chemistry in the Liverpool College of Chemistry, is directing his attention to the "frightful and injurious adulterations taking place daily in Port wines," and he declares his intention before long to publish several startling facts, which he hopes will do something towards preventing these "nefarious" practices. Port wine is very frequently prescribed in this country by the practitioner, but forty-nine bottles out of fifty of the so-called "Port" are a most villainous compound, well calculated, when administered to a patient prostrated by disease, to extinguish the last spark of vitality. In our next number we hope to present our readers with the results of Mr. Wayne's examination of some of the wines sold in Cincinnati "for medicinal purposes." Perhaps with the bane it will be well also to present the antidote!

B.

Medical College of Ohio.—The number of students matriculated at this institution up to the present date, October 25th, surpasses the most sanguine expectations of its friends and the faculty. It is a matter of no little gratification to the latter, that the list is *a true one*. The number of bona fide students at the college the present session will doubtless exceed that of any medical college in the State. Her unrivaled clinical advantages, at the Commercial Hospital, must ever give to the Medical College of Ohio, a commanding position over every other institution in the State. It will be the constant aim of her faculty to make her worthy of the pre-eminence which she now enjoys.

B.

Introductory Lecture.—The general Introductory to the 37th course of lectures in the Medical College of Ohio, was delivered by

Prof. L. M. Lawson, on the evening of the 15th inst., in the amphitheatre of the College Building, to a large and promiscuous audience of ladies and gentlemen. It was delivered without notes, and we regret, therefore, that we can not lay it before our readers.

It was an able exposition of the two great systems of medical inquiry, which have claimed the attention of the profession from its earliest history—the *Empirical* and the *Rational*. The merits and demerits of each system were clearly pointed out, and the conviction expressed by the lecturer, that the hope of progress in medical science lies in the patient and energetic pursuit of the same method to which the so-called *exact sciences* owe their flourishing state,—that of sober, unprejudiced observation, and strictly logical induction.

The lecture was replete with interest throughout, and reflected much credit on the learning and ability of its distinguished author

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☞ We are pleased to observe that the appointment of Mr. E. S. Wayne, "an experienced analytical and practical chemist and pharmaceutist," is so warmly approved by the profession. The following from the *New Jersey Medical and Surgical Reporter* for October, shows how this matter is regarded at the East: "This is a capital idea, and the appointment we should judge a worthy one. We wish other colleges would follow the good example set by the Medical College of Ohio." B.

☞ Delinquents will find their bills inclosed in the present number. We hope that they will be promptly attended to, as it is absolutely necessary to have the old accounts settled up by the end of the present year.

All remittances should be addressed, as formerly, to "Dr. T. Wood, Editor of the Western Lancet"; and if gentlemen would inclose their dues at once, without throwing their bills by for future consideration, they would do us a great favor, and save themselves the annoyance of future duns. W.

Miscellaneous.

Dr. Montgomery, the learned Professor of Midwifery in the School of Physic in Ireland, has retired from the post which he has so ably filled for twenty-nine years. So happy was he in his style, and so completely master of the art of blending the useful with the agreeable, it is said, that attendance on his lectures was always regarded more as a recreation than a task.——Dr. Harrison, Professor of Anatomy and Physiology in Trinity College, author of the Dublin Dissector and a System of Anatomy, has succeeded Mr. Cusack, as surgeon of Steeven's Hospital.——The Sir Astley Cooper Prize of fifteen hundred dollars, for 1856, has been awarded by the Physicians and Surgeons of Guy's Hospital to Dr. B. H. Richardson, for his Essay "On the Cause of the Coagulation of the Blood."——Mr. South's case of ligature of the abdominal aorta, at St. Thomas' Hospital, proved fatal within 48 hours.——A new (4th) edition of Professor Syme's Principles of Surgery has recently been published. Also, a new edition of Dr. Maunsell's Practice of Midwifery.——Mr. Fergusson, the distinguished Professor of Surgery in King's College, has been appointed Examiner in Surgery at the London University, in the place of Mr. Hodgson, who has been appointed Examiner at the Royal College of Surgeons. Mr. George Bush, of the Dreadnought Hospital Ship, takes the place of Prof. Owen at the College of Surgeons of England.——A medical board, consisting of Surgeons Finley, Decamp, and Wright, will meet at St. Louis on the first of November, for the purpose of examining applicants for admission to the Army service.——The widow of the late Professor Porter, of Nashville, has placed at the disposal of the Medical College in that city, the library of her lamented husband, said to be one of the most valuable private libraries in the United States.——Dr. Wm. S. Halsey has been appointed Professor of Surgery in the Philadelphia College of Medicine. Dr. H. is a young surgeon, but of fair promise. We wish him success in his new position.——We find in some of our exchanges a notice of a new preparation—Cod-liver oil chocolate—odorised with cinnamon, bitter almonds, peppermint, etc., which is said "to agree well" with even the most delicate stomachs! We think one cup would suffice for our break-

fast.——The name of Dr. Bowling, instead of Prof. Eve, should have been inserted in our notice (Sept. No.) of a visit to Dr. Horace Green's office.——Professors Gross and Richardson are now domiciled in their new quarters, Philadelphia.——We had the pleasure, a few days since, of meeting our old friend, Prof. Middleton Goldsmith, on his way to lecture at the Kentucky School of Medicine, Louisville. We predict for him a good reception in that city.

B.

☞ We find in the *London Medical Times and Gazette*, for October, a brief report of the introductory lectures recently delivered at the various hospitals in that city at the opening of the medical session. None of these have given us so much satisfaction as that delivered by Mr. Spencer Wells, at the Grosvenor Place School of Medicine, adjoining St. George's Hospital. We are glad to see that he has had the boldness to attack the present absurd method of medical teaching. Surely the day cannot be far distant when one more rational and effective shall be established. We submit to the reader whether Mr. Wells has not taken a common sense view of the subject:

"You are aware," he remarks, "that in our universities the students are taught by college tutors and by university professors. The professor expounds to his hearers the doctrines of the best authors on the subject under consideration, adding his own comments, in the form of a read or extempore lecture. The only part the student has to perform is to listen, to take notes of what he hears, to reflect upon it, and endeavor to remember what he thus learns. He takes no active part in the scene. He is not required to prove that he has understood what he has heard, or to show that he could apply the knowledge he has acquired in a practical manner. Mere professorial addresses, even when the lecturer is able and the matter good, have, consequently, but very little attraction for students; indeed, so little, that it has been found almost universally impossible to keep a voluntary class together, and the apparatus of roll-calls and certificates has become necessary. I do not say that such formal lectures do *no* good, but they do little or no more than the reading a good book on the subject treated; and if they do good, it is to the men of active, ambitious minds who would distinguish themselves under any system. The only influence they exercise upon the dull or idle is to make them still more dull, and to give them an excuse for idleness.

"Yet this has been the ordinary mode of teaching, medical stu-

dents have been subjected to. The natural consequence has been, that a host of private tutors have sprung up to supply what was a real and natural want. They adopted the tutorial system of our colleges. According to this system the student is not a mere listener, but becomes an actor. He translates a Greek or Latin book, proves a proposition, or solves an equation, under the eye of his tutor, or answers questions testing his knowledge. He must not only receive knowledge, he must prove that he has done so. He must show not only that he is full, but that he is precise and ready. Had our private tutors really worked this system well, they would have become great public benefactors. Unfortunately they abused it. Their teaching was directed to mere preparation for a compulsory examination. It became of little importance whether the student were really well informed, if he could only make it appear that he were so to his examiners. The knowledge acquired for mere examination may strengthen the memory, but it does not strengthen the general powers of the mind. The student is satisfied, without clearing away difficulties he finds in his own mind, if he can only satisfy his examiners. He wishes to express himself clearly, and is content if he can do so, even although he cannot see clearly. He does not acquire sound reasoning habits. What he learns by rote is soon forgotten. He neglects useful pursuits in order to study subjects immediately connected with his examination. He is a soldier trained for the review, not for the battle; and even if he pass muster, the temporary effort of the mind is followed by apathy and forgetfulness. I do not acquit our examining boards of all blame in this matter. They have neglected to test the knowledge of candidates practically. The University of London and the East India Board have done much to repair this error; and their experience has shown how great it has been. Out of forty-five candidates at one examination, only three could plug the nostrils; not half could apply a bandage. Yet these are men who had passed our halls and colleges with credit. No wonder, then, that the grinding gentlemen can boast that they can pass a man in three months who does not know an artery from a vein. But think what a wretched being such a man will be when he comes to tamper with the lives of his fellow-creatures. His diagrams and his tables are useless at the bedside. He has none of the practical knowledge it is our aim to impart when we endeavor to attain all the advantages of the pure tutorial system. Now, the great characteristic of this system is the prominence given to teaching by interrogation, not by inducing the student to commit to memory answers to a series of questions—this is the abuse of the system, which leads to the evils I have just pointed out—but, by setting a problem before the pupil, and, instead of solving it for him, questioning him until he searches for himself, and the latent powers of his mind becoming developed, he discovers its solution.

"It is the aim of the tutorial system, gentlemen, to call forth the latent powers of the mind, to make the pupil search for the truth, and discover it for himself, to point out his errors, and to put him into the way of avoiding them, to show him where he is ignorant, and how he may acquire knowledge. Depend upon it that knowledge thus acquired is solid and certain. The mind does not become a mere storehouse, but the reflective powers are strengthened, and the student is enabled to speak and act well and efficiently, and meet manfully the difficulties he must encounter in his course through life."

After showing how the different teachers carried their opinions into practice, Mr. Wells strongly advised the pupils to contend for the prizes offered in each class, assuring them that those who are eminent among their college compeers, are those who are eminent afterwards among their brother practitioners; and urging them, while rivals, still to be friends, and giving various instances from the biographies of eminent physicians, to prove that success and happiness could be best assured by a friendly competition.

The following extract from an editorial article, in the same journal, shows that our own country is not alone afflicted with the multiplication of medical schools:

"The competition among the medical schools has prevented any one of the number from enforcing that attention to study, and that submission to discipline, which ought to mark the conduct of learners; for if one school were to adopt a high principle in this respect, it would be outbidden by other schools, where, perhaps, the morality is less strict.

"We conceive that the lecturers of all the medical schools should make it their duty to ascertain, by personal investigation, the progress of the pupils; that they should institute regular periodical examinations in all the classes, which the students should be bound to attend; and that on no account should certificates of attendance on lectures and hospital practice be granted except to those who have really availed themselves of the instruction offered. Such a course, honestly pursued on the part of all the teachers, would tend to raise most materially the standard of medical qualification, and to secure to the public a supply of highly educated gentlemen as their medical attendants. Under the present system, or rather want of system, a young man may waste in idleness a great portion of the three years usually devoted to attendance on lectures and hospital practice, and may yet, by means of a "grinder," escape the vigilance of the examining boards, and receive his diploma. How far the examining boards are to blame for not making their examinations a test of practical knowledge, we may discuss on some early occasion." B.

Malpraxis in Midwifery.—An adjourned inquest (which was opened on Saturday), on the body of Hannah Newton, wife of a shop-keeper in Barton-upon Irweil, was held on Monday, at the Bird-in-hand public-house there, before Mr. Rutter, county coroner, and a verdict of manslaughter returned against Edmund Astle, who represents himself to be a surgeon and M. D. of Aberdeen University, and who has been practicing as such in Panticroft for the last eighteen months, for having caused the death of Mrs. Newton by his carelessness or incompetency. The circumstances of the case are of a very painful character. Deceased was 41 years of age, and was the mother of seventeen children, nine of whom are living. On Wednesday last she was again confined, and Mrs. Wilcox, who has been practicing as a midwife for twenty-four years, was called in. On examination, she declined undertaking the case herself, and Mr. Astle was sent for. He arrived between three and four, and remained till dusk, doing, as he said, all he could, and keeping Mrs. Newton in the greatest agony, but without effecting the delivery of the child. He used no instruments; only his hands. At last he said he could not do it, and when he left the poor woman was no nearer delivery than when he came. The nurse, as he was going away, asked what was to be done, and his reply was that he had other people to attend, and that he must attend to them as well as to her. She asked again, and he said, "Nature must do it." She replied that nature must be helped, and to this he only answered, "You are here, you can do it as well as me." On coming down stairs, Mr. Astle was met by the husband, who said, "Well, can you do any thing for her?" He said, "I cannot; it must be nature that can do it; nothing else can do it." The husband answered, "That will not do for me; can you do any thing for her or not?" He said, "I can not."

The husband then said that he must look after somebody else that could do it, and with that Astle left, without saying anything more. The husband then went up stairs and spoke to deceased, and she said, "That man has murdered me—he has murdered me." Mr. Roe, surgeon of Eccles, was then sent for, and whilst he was in the house, Astle came back. The husband said to him, "What are you wanting again?" He replied, "I must see the job out, as I commenced it." To this the husband objected; and then Astle said, "Well, I shall look for payment whether I go up or not." The husband said, "Very well," and Astle then left. Mr. Roe, finding deceased in a very bad state, requested the assistance of Mr. Welsh, of Eccles. These two medical gentlemen then succeeded in delivering Mrs. Newton of a still-born child, but the poor woman died during the night of Thursday. Astle called on Thursday evening and asked the husband how Mrs. Newton was. The husband replied that she was living, but that was all; and Astle then said, "I have no doubt if I had been allowed to attend,

she would have been right." He offered to come again, but the husband said he had no need. Mr. Roe and Mr. Welsh, in their evidence, described fully the state in which they found Mrs. Newton at the time when they were first called, and the result of their subsequent examination of the body; and they coincided in the opinion that deceased had come by her death in consequence of injury (a rupture five or six inches long) to the soft parts of the vagina, caused by force, such force being improper and unnecessary. Mr. Welsh added, that the injury must have been done by a hand forcibly thrust up into the parts; and that it could not have been produced by natural causes. Mr. Roe stated that Astle had no diploma from Aberdeen University, and Mr. Welsh said the name did not occur in the list of medical practitioners in his "London and Provincial Medical Directory;" but he found in the list of those who had not given any return of the nature of their qualifications, "Astle—Rainford, Lancashire." Dr. Clay, of Piccadilly, Manchester, was called for the defense. The result of his evidence was merely that such a rupture as that of which deceased died was of occasional occurrence; but he had to admit, on cross-examination, that it was of rare occurrence in the hands of practitioners, though it might occur by the use of instruments. The jury returned a verdict of "manslaughter" against Edmund Astle, and he was committed for trial at the assizes.—*London Times and Gazette.*

☞ We copy from the *New Hampshire Journal of Medicine* for October, the following interesting letter from Dr. J. B. Greely, of Nashua, N. H.:

EDINBURGH, SCOTLAND, Aug. 23, 1856.

My Dear Doctor:—Following the directions which you so kindly furnished me, I found myself, very soon after my arrival in this city, comfortably located and feeling very much at home.

I was so fortunate as to arrive here at the commencement of the Summer Session of the University, and have for the last three months enjoyed unceasing pleasure in listening to lectures, attending clinics, witnessing operations, and in friendly intercourse with the gentlemen of our profession, whose kindness I shall ever remember with the warmest gratitude. I feel safe in promising to any American, who may desire to take advantage of the medical opportunities of this city, a similar politeness on the part of the Edinburgh profession. There is a general feeling of kindness and an appreciation of merit exhibited towards our countrymen that I had hardly expected to see. Scarcely a day passes that I do not hear some of our first men spoken of in the highest terms. It was but yesterday, that a distinguished surgeon, in adjusting a fractured femur, made

use of Prof. E. K. Sanborn's Splint, which he styled the "great American Splint." In applying at the same time, adhesive straps, as a means of extension, he informed the class that these were "first introduced into practice by an American, Dr. Josiah Crosby, of Manchester, N. H." This is only one instance of an almost daily occurrence, and being the only American here at present, it has gratified me not a little, I assure you, to hear so often a public recognition of the merits of my countrymen.

I may here say that *Wood's Practice of Medicine* is the acknowledged text book in that department. In fact, there is no other in general use.

Your correspondence, Doctor, of last winter, from Edinburgh, described so fully and correctly the hospital and other facilities of the place, that I should only be repeating were I to attempt an accurate account of them now. I may only say that the medical schools located here deserve most justly the high encomiums bestowed upon them throughout the world. Here the student can listen, every secular day in the year, to the teachings of the masters in our profession. Here he can see every species of disease which afflicts humanity treated with the most consummate skill by the most thoroughly practical and learned men of the age. Here he can see the deformed relieved so far as science will permit, "the crooked made straight," diseased portions lopped off, as though by magic, and with a dexterity truly wonderful. He can here find abundant material for his dissecting knife, and ample scope for botanical research. One of the best libraries in the world is open to him, and he can have an easy access to all the numerous hospitals and dispensaries in the city.

I have thought, Doctor, that perhaps a brief sketch of some of the most prominent men in the medical and surgical departments of the Edinburgh Schools would not be wholly uninteresting to your readers. I may mention first, *Professor Miller*, the surgeon, a perfect gentleman and the idol of the students. In his lectures he is clear, fluent, and impressive, dwelling upon the most important points with such energy that they are indelibly fixed in the mind of the hearer. It seems as though the most obtuse among his listeners could not sit for a single hour without *imbibing*, to say the least, a vast amount of knowledge. In his manner Prof. Miller is graceful, easy, and polite. In his operations, he is cool, skilful, and extremely neat, and he explains to the class, as he proceeds, each step which he makes, the anatomical relations which present themselves, and the purpose which he has in view.

Next in order is *Syme*, whose world-wide reputation as a surgeon attracts hosts of students to Edinburgh, and whose clinics are attended by probably a larger number than any other lecturer here. Originality, quickness, and dexterity are the characteristics of his operations. I may note a few of those peculiar to himself. In

amputating a limb, instead of transfixing it with a knife, as is commonly recommended by our surgeons, he makes his flaps by cutting from the surface down upon the bone. By this method, the muscles are not retracted afterwards so far, the flaps are always even and unite more readily by the first insertion.

In excision of the superior maxillary bone, instead of making two long incisions through the cheek, and thus leaving an ugly cicatrix, he makes but one in the mesial line of the upper lip, which, in recovering, leaves but a line, hardly observable. In excision of the elbow joint, he makes an incision into the joint, close above the olecranon, extending from the inner edge of that process to the external tuberosity of the humerus, and at each extremity of this cut he makes another incision about an inch and a half long, both upward and downward in the long direction of the limb, thus giving the entire external incision a resemblance to the letter *H*. He claims as the advantage of this incision over others which have been recommended, a greater safety to the ulna nerve, which lies close upon the inner side of the olecranon.

I must not forget to mention among the celebrities of our profession in Edinburgh, *Dr. W. T. Gairdner*, Professor of the Practice of Physic. Though a young man, he has taken a high position in the practice of Medicine, and has proved himself worthy to fill it with honor. His opinions are respected by all, and his writings are regarded as standard authority. Crowds of students follow him through his wards, busy with their pencils in noting every word and in recording his concise and pertinent suggestions. No one, certainly, could possess a more happy faculty of making a clinical visit so free from formality, so encouraging to the patient, and so calculated to remove the agitation, feeling of embarrassment, and dislike which the presence of a physician and a large class of students so frequently inspires. As a lecturer Prof. G. is plain, distinct, and comprehensive.

To the American Profession *Dr. Simpson* needs no introduction. His numerous papers published in the British Journals of Medicine during the last fifteen years, have given him a lasting reputation on both sides of the Atlantic, and the rapid sale of his Obstetric works, edited here by Dr. Priestly, and in America by Dr. Storer, of Boston, is a sufficient proof of his popularity. During the last three months, I have been so fortunate as to see much of his private practice in this city, and have been surprised continually, not only at his wonderful success in treatment, and accuracy in diagnosis, but at the marvelous amount of labor which he performs. With his house literally crowded with patients from morning till night, no one who was not aware of his habits of midnight study could comprehend at all how he could command a moment's time to prepare the valuable essays which regularly make their monthly appearance from his pen. I have had the pleasure several times of seeing him perform his

operation of incision of the cervix uteri for obstructive dysmenorrhœa, and always with perfect success.

I have also seen him use his intra-uterine pessaries with marked benefit in many cases, *which have resisted all other treatment*, and notwithstanding the objections made to their use by Dr. Robert Lee, of London, a fair trial and care in selecting and applying one of the size adapted to each individual case, will, I am sure, convince almost any one of their utility and capability, as a last resort at least, of relieving many patients of this serious trouble.

Dr. Simpson was so kind as to invite me, the other day, to go and visit with him an American lady under his treatment. I have his permission to detail the case. The patient is from New York city, and has had a severe menorrhagia for the last eight years. She has suffered, in conjunction with this, a long course of Homeopathic treatment in New York. Her physicians had no clue to her real disease, never proposed the Touch or the speculum, and finally in despair recommended a sea voyage which luckily brought her to this city. Her husband sent for Dr. Simpson, and judging from the minute history of the case and the condition of the patient, he concluded that she must have a polypus uteri. An examination showed the os uteri closed and of normal size, but on the introduction of the uterine sound an uterine tumor was distinctly felt. The irritation of the sound brought on labor pains, and the tumor was soon forced through the cervix. Dr. S. preferring to let nature remove it if she would, left her in this condition. The next morning we found the patient very weak, having lost a large amount of blood. The tumor still protruding through the cervix, Dr. S. anticipating danger from longer delay, seized it with a pair of strong lithotomy forceps, and twisted it from its attachments. The hemorrhage ceased at once, and the patient, under a careful tonic course, is rapidly recovering health and strength, a remarkable instance, upon the whole, of the benefit of a sea voyage in getting rid of a polypus uteri.

Dr. Simpson is attempting the radical cure of ovarian dropsy by establishing a fistulous communication between the cavity of the cyst and that of the peritoneum. He does this by puncturing the enlarged ovary with a trocar and canula in the ordinary way, but allowing only a small portion of the fluid to escape by the canula. This is then withdrawn and the union of the external wound promoted. By pressing the tumor gently every day he forces a little of the fluid into the cavity of the peritoneum, and thus keeps the wound in the tumor open. I have seen several of Dr. S.'s patients who have been subjected to this mode of treatment with apparent success. One of them has been under treatment many months, the cyst occasionally filling but easily reduced by gentle pressure, showing that the fissure still remains open.

My letter, Doctor, is already longer than I had intended, and I must, for the present, bid you and your readers adieu. J. B. G.

WESTERN LANCET.

EDITED BY T. WOOD, M. D.,

Professor of Anatomy in the Medical College of Ohio, etc., etc., etc.

AND

GEORGE C. BLACKMAN, M. D.,

Professor of Surgery in the Medical College of Ohio, etc., etc., etc.

No. 12.] CINCINNATI, DECEMBER, 1856. [Vol. XVII.

Original Lectures, Essays, and Communications.

Case of Ovariotomy. By George Fries, M. D., of Cincinnati, Ohio.

On the 9th of July last I was called to see Mrs. C. of this city, on account of an enlargement of the abdomen. She informed me that she was fifty-one years of age, that she menstruated regularly, and had always enjoyed tolerably good health. She is the mother of several children.

About eight years ago, soon after confinement with her la stchild, she observed in her right iliac region a small tumor, which continuedto grow at a moderate rate till a year since, when it rapidly increased so as to fill the cavity of the abdomen. At no time had she pain, soreness or other indication of inflammatory action in the part, and she had suffered but little aside from mere distension of the abdomen.

Diagnosis.—The abdomen fluctuates distinctly on purcussion. There is dropsy. The tumor is smooth, regularly protuberant, changing but little with the altered position of the patient. When she is on her back there is dulness on percussion at the umbilicus, with resonance in the lumbar region. There is no bulging of the sides of the abdomen. The fluid

is in front, the intestines behind. The dropsy is encysted. The cyst is probably unilocular; and being readily shifted from side to side, and there having been no evidence of inflammatory action, it is probably not adherent to adjacent structures. The history of the case shows its origin to have been in, or near the right ovarium.

This diagnosis was subsequently confirmed by Professor Blackman of this city, and Dr. Evans of Covington Ky.

I at once advised the patient of the nature of malady and the treatment necessary for its removal, but declined operating then on account of the excessive heat of the weather.

Oct. 30th, assisted by the above named gentlemen, Mrs. C. being under the influence of Chloroform, I made an incision three inches in length, into the cavity of her abdomen, low down, and in the line of the linea-alba. The tumor being exposed, it was tapped with a small sized trocar, and about thirty pounds of light, clear and colorless fluid were permitted gradually to escape.

Afterwards the empty sac was withdrawn without difficulty, its pedicle ligated, and the wound dressed in the usual manner.*

Her subsequent treatment consisted mainly in regulation of her diet, and the use of opium, of this she took two grains every two hours for the first day, fifteen grains the second, and ten grains on the third. On the fourth day, having had no passage from her bowels since the operation, she was ordered Croton Oil and Turpentine in sufficient quantity to produce the effect desired. Afterwards we gave an occasional opiate or laxative, as the indications of the case seemed to require.

It is now fifteen days since this operation was performed. The ligature from the pedicle having come away on yesterday, we regard the recovery of our patient as beyond

*With the exception, that a large darning needle was passed through the pedicle just interior to the ligature, and transversly and exterior to the wound, for the purpose of producing adhesion between the pedicle and the edges of the incision, and securing more effectually against the admision of sloughing matter into the cavity of the abdomen.

doubt. Indeed, at no time has she presented a simple untoward symptom.

I believe this plan of making the short incision, tapping and withdrawing the empty sac, originated with Mr. Jeaffreson, of Framlingham, England. It has been very little practised in this country, while its adoption in all cases like this one, where the cyst is simple, and not adherent, would seem to be the plain dictate of common sense.

As stated in the above report it was our privilege to assist Dr. Fries in his very interesting and successful operation, in which every circumstance of the case was highly favorable to the small incision. We find, that Dr. F. is incorrect in awarding priority to a British surgeon for proposing and practising this method, for Dr. Nathan Smith performed it in July, 1821, as the reader may learn by referring to the Memoirs of his son Dr. Nathan R. Smith, now of Baltimore.

In his case, the incision was three inches in length. The sac was emptied of its contents (8 lbs), separated from its adhesions to the omentum, and to the abdominal parietes, when it was withdrawn, the pedicle ligated and divided, and the patient speedily recovered.

If we mistake not Mr. Jeaffreson's first operation, in which the incision was only one and half inches in length, was reported in the London Lancet, for January, 1837, the operation having been performed in March, 1836, some fifteen years after that of our distinguished countryman Dr. Trowbridge, now of Watertown, Jefferson County, New York, operated by the short incision—4 inches—in April, 1827. Owing to the adhesions in this case, however, the operation was abandoned, and port wine and water injected. The patient recovered. This case was reported in the Boston Medical Intelligencer, Vol. V. 1827. In January of the present year, Dr. Ezra P. Bennet of Danbury, Conn. operated by the small incision—3 inches—with perfect success, (*American Journal, Med. Science*, April, 1856).

Dr. Lyman, in the Essay noticed in the Nov. no. of the Western Lancet, has attempted to estimate the comparative merits of the long, and short incision. Of 260 cases, collected by him, 117 were short, 143 long. Of the 117 short incisions, the operation was completed in 60; of whom 37 recovered, and 23 died; or one in 2 14-23, or 38-33 in 100. Of the 57 in which the operation was abandoned, 44 recovered and 13 died, or one in 4 5-13.

Of the 143 long incisions, the operation was completed in 123; of these 72 recovered, 51 died; or one in 2 7-17, or 41, 46 in 100. Of the 143 long incisions the operation was abandoned in only 20 cases; of these 11 recovered, and 9 died.

While, therefore, every surgeon must assent to the opinion advanced by Dr. Fries, viz. that the adoption of the small incision in all cases like his own, in which the cyst was unilocular and non-adherent, would seem to be the plain dictate of common sense, the statistics collected by Dr. Lyman prove beyond question that it cannot succeed in many of the cases which present themselves to the operator.

In defending the claims of Dr. Nathan Smith to priority in the small incision, we do not forget the operation performed by a French surgeon, L'Aumonier, of Rouen, in Jan. 1782. Americans claim for Dr. McDowell, of Ky., priority in ovariotomy, (Dec. 1809), and we submit to our readers the following report of L'Aumonier's operation, that they may judge for themselves, whether an incision through the abdominal walls for the purpose of evacuating an inguinal abscess deserves to be regarded as a methodical operation for ovariotomy;

We are indebted to Dr. Lyman's elaborate essay for the details which he transcribed from the *Memoires de la Societe de Medicine*, 1782, p. 296. Dr. L. also refers for a notice of the same to the *Lond. Med. Gazette*, vol. XXXV, Jeaffreson's Table; and *Brit, and For. Med. Rev.* Oct. 1843, p. 393. The following is the report:

Marie Louise Lagrange; prostitute; age, twenty-one; the

disease apparently followed delivery; exhausted from colliquative diarrhœa; had obstinate diarrhœa, and purulent discharge from vagina increased by pressure on the tumor. Incision, four inches, along lower edge of obliquus externus, and scirrhous ovarian cyst, the size of an egg, was found in connection with an abscess, which was tapped; and a pint of dark fetid pus issued from the Fallopian tube, with which the ovarian abscess communicated. The adhesions were torn away between the tube and ovary, and the latter removed. No ligature used, though there was some hemorrhage from a branch of the spermatic artery. The cavity of the tubular abscess was filled with lint, dipped in the yolk of an egg and in honey, with cataplasms over the whole, the external wound not being closed. The intestines were so strongly adherent to each other and to the peritoneum, as to retain their place without protrusion through the wound. She was very low until the sixteenth day, when cerebral symptoms arose, which ceased on the appearance of the menses. Suppuration from the abscess ceased the twentieth day; and she left the hospital, well, Feb. 20, the operation having been performed Jan. 5, 1782.

During the past week we had the pleasure of forming the acquaintance of Dr. Dunlop, of Ripley, Ohio, who informed us that he had operated in 10 cases, of which 9 had been successful! In our own practice we have had but 2 cases, of which one was unsuccessful, yet with the multitude of fortunate cases which Dr. Lyman has furnished us, and the extraordinary results of Dr. Dunlop's practice before us, we feel justified in refusing our assent to the doctrine laid down by Dr. William Hunter in the *Medical Oberservations and Inquiries*, vol. II. viz. that a patient with ovarian disease "will have the best chance of living longest who does the least to get rid of it."

In our last number we gave some statistics showing the results of the treatment by injection, and from the effects produced in some of the instances quoted, one is strongly disposed to question with the late Mr. Pilcher, whether injection or entire extirpation be more the dangerous. We observe, however, by the *Lond. Med. Times and Gazette* for

October, that the treatment of ovarian cysts by the injection of solutions of iodine is decidedly gaining favor with the London profession. Complete success has not been attained in any instance, but the tendency to refill has been restrained. In none have serious symptoms followed. In general, the attempt to drain out the solution, after a few minutes, has been made, but in several, in which this could not be accomplished, from four to six ounces of the Pharmacopœial tincture has been left in without ill consequences. Two fatal cases are referred to by the writer, in which ascites was mistaken for ovarian dropsy, and the solution injected into the peritoneal cavity. B.

Exsection of the Elbow-Joint—By GEO. C. BLACKMAN, M. D., Professor of Surgery in the Medical College of Ohio; Surgeon to the Commercial Hospital, &c., &c.

During the early part of May last I was consulted by Catherine Greary, of Cumminsville, who was suffering from caries of the articular surfaces of the bones entering into the formation of the elbow-joint. She was 24 years of age, and of a healthy appearance. Although she had experienced pain for nearly three years, it was not until about Christmas last that matter was discharged. Through the fistulous opening communicating with the joint, the denuded, carious condition of the bones could readily be detected. On the 27th of May, with the assistance of Drs. Mount, Fries, Dandridge, and in the presence of many other physicians, I exposed the joint by a ⊣ shaped incision, and during the dissection of the flaps the ulnar nerve was drawn one side by Dr. Fries, so as not to be even exposed during the operation. The articular ends of the bones were then removed with the greatest ease by means of one of Luer's small saws. The hemorrhage was slight, but one vessel requiring a ligature. Water dressings were applied to the parts, and the limb placed in the extended position upon a pillow. After a few days Dr.

Mount, who had charge of the case, applied an angular splint, and from time to time the arm was flexed until it was brought to a right angle. Nearly the whole wound healed by the first intention. The patient, from misapprehending instructions given her, commenced the use of the limb at too early a period, by which the uniting band was temporarily weakened, but she is now—nearly six months after the operation—steadily gaining strength and control of the movements of the limb. No fistulous openings exist, and there can be no doubt that she will in a few months have a very excellent use of her arm. This prediction is based upon the results of the operations performed by Professors Syme, Fergusson, Erichsen, and others, in Great Britain, and of Drs. Harris, Buck, Mutter and Pancoast in our own country. In many of these cases the arm acquired almost its natural powers.

On Periodicity, Intermittency or Remittency of Diseases—

By ABRM. LIVEZEY, A. M., M. D., Lumberville, Pa.

NO. V. EXANTHEMATA—ERYSIPELAS.

This modification of remittent fever commences with "languor, aching in the limbs and joints, chilliness, or rigors alternating with flushes of heat—succeeded by a frequent pulse, hot skin, a furred tongue, anorexia, thirst, sometimes nasea and vomiting, headache, restlessness, &c.," (Wood,) that is to say, this fever commences as all the other idiopathic or essential fevers—so called—do, with the addition, after a few days, of a local cuticular development, manifested by a small pink or red spot, painful and tender to the touch, and usually first seen on the nose, ear or cheek.

Throughout the whole progress of the disorder, there is marked constitutional disturbance, and the paroxysms and remissions are as distinctly seen in this phase of disease as they are in any of the remittent fevers treated of by our authors.

This fact being proved by close observation, why should not erysipelas be promptly amenable to the same course of treatment, that is found successful in simple remittent fever?

Nearly all of our authors agree that there is "something peculiar about the inflammation in erysipelas"—like that of rheumatism, and that antiphlogistic measures are borne badly.

Certainly in a disease in which there is a tendency to "gangrene of the cellular tissue," in which the "fever is not unfrequently asthenic"—a disease "most liable among the intemperate;" among those whose "systems are debilitated" from various causes; among those in hospitals or confined in large infirmaries—we should avoid blood-letting in all its forms, and all other positively depletive measures, which only tend to induce the typhoid form so much dreaded.

Hence, then, after an emetic, which is indicated by reason of the heat, rigors, nausea, anorexia, headache and distress generally; and a purgative of cal. and jal., or jal. and sen., or sen. and salts, we would do well to commence with quinine.

And what say our authorities? Elliotson says he "has never seen quinine do harm, even in active tonic erysipelas, and in doubtful cases I believe it always a safe and eligible medicine."

Fordyce (a great *fever* man,) administered *bark* with the most pleasing success in the several modifications of this disorder.

Dr. S. Dickson, who, with McCulloch, makes ague of everything, shews by numerous quotations from medical authors, that in this disease the phases of the type of all disease (ague) are distinctly seen, and hence *intermittents* are the only true curative agents.

And yet, practitioners, generally, have no idea of arresting the paroxysmal repetitions, and thereby preventing the extension and perpetuation of the disease from day to day; for during the morning remissions the inflammation remains passive, but extends during the febrile exacerbations in the

afternoons and evenings. Now during these remissions, natural or attained, the further progress of the disease may be promptly arrested by the administration of quinine, iron or some other intermittent, alone, or in combination.

In reference to local application, collodion, creasote, tr. iodine, nitrate of silver, &c., may be occasionally useful; but more serviceable is a poultice of upland cranberries, and when these are not attainable, an application of baked apples to which a little dilute acetic acid has been added, will be found very useful. But the very best application, in my experience, is fine linen or muslin saturated with tr. lobelia and kept constantly applied to the local inflammation. Yet external means will be rarely demanded, where the treatment is prompt, and due attention is had to the paroxysmal phases—except to give temporary relief, (as in sponging with cold water, fever patients generally,) until the constitutional nature of the disorder is overcome by internal medication.

Lest my remarks be misunderstood, or misapplied intentionally or otherwise, and be *strictured* again, it is necessary to say that I have spoken of erysipelas as a fever—as a disease pervading and affecting the whole system—attended with rigors, chilliness, flushes of heat, &c., and not as a local disease—not the erysipelas that the surgeon meets with in the wards of a hospital after an operation, or an injury, which gives rise secondarily to symptomatic fever.

To specify cases of acute erysipelas, would be but repeating the practice recommended above, but the following may be interesting and useful to some practitioners:

Mr. L., of temperate habits, &c., was frequently afflicted with attacks of erysipelas affecting his nose: much physic had been used, together with Jane's Sanative and Leidy's Blood Pills, with no effect—tr. iodine, arg. nit., plumb. acet., various kinds of ointments—as the mercurial, citrine, creasote, &c., failed, when six or eight drops of Fowler's Solution *ter die* continued for ten days, followed by a physic, and repeated for ten days more effected a permanent cure.

But erysipelas arising from a local injury may become a constitutional disorder, and curable by constitutional (intermittent) remedies, after local measures fail, e. g.: Mr. R., aetat 17, was badly scratched on the back of his hand by a cat. A violent inflammation of an erysipelatous character ensued, which was finally overcome by means of cooling applications, soothing poultices, &c., leaving not a trace of the disease or of the injury. In a few months, however, a tingling sensation was felt in the hand, followed by heat, swelling, and a violent inflammation. And thus the inflammation reappeared again and again—preceded by rigors, flushes of heat, &c., for some 24 to 48 hours. A purgative of senna and jalap followed by Fowler's Solution for ten days or two weeks cured the disease permanently.

NOTE.—Dr. Gibbs, in attempting to "stricture" my observations on Periodicity, &c., in the September number of the Lancet, has struck only at the shadow and missed the substance—has pushed aside the cream and sipped at the (skimmed) milk!

He is willing to admit that 'many diseases exhibit remissions, but that all diseases are *regularly* and *persistently* so,' he denies, very properly, and so do I; neither have I maintained the doctrine in those words.

My views in regard to pneumonia, pleuritis, &c., which 'show signs of remission in some of their symptoms,' he shall have in due time; but lest he should not survive my 'chimerical doctrines' until I come to speak of those diseases, I will say in this place, that I shall hold that in connection with the local inflammation in each individual case, there also exists a febrile disease of a remittent character; and that quinine or prussic acid, after a venesection, cupping, vomit, purgative, sedative diaphoretics, &c., should and can be given with as much propriety and success as in intermittent or remittent fevers, *when the patient is properly prepared.*

Is there anything 'pernicious' in this? Why, bless me, we often have to give an emetic, a calomel purge, or even cup out, or blister out a local affection springing up in an ague patient: And have I not advised all these remedial means in the diseases already mentioned? And yet in the face of this fact, Dr. Gibbs, willfully blind, says we are left to infer

that Dr. L. would counsel the administration of quinine in all diseases, of whatever name or nature, be the local manifestations what they may.

When laying down those axioms in my first paper, I presumed that I would be addressing an *intelligent* profession, and that it was only necessary to *generalize*, and to *particularize* in succeeding papers, which I have done in a goodly measure, and that too without apparently alarming any of the profession, save and accept Dr. Gibbs, with my 'pernicious therapeutics!'

My assertion that there "can be no disease without a general constitutional disturbance," may be true, very kindly says Dr. Gibbs; but that "local diseases are only a development or result of a series of constitutional disturbances, &c.," says Dr. Gibbs, 'not only fails to be self-evident, but is untrue.' And to prove it, he astounds me and the profession, I presume, by specifying 'syphilis, porrigo and scabies!' diseases transmitted from one to another by external contact—coming altogether from without, and thinks that these 'cannot be proved by any collation of facts or system of logic to be preceded by, or are the result of such disturbances!'

Why, Dr. Gibbs! do you really think, to prove my doctrine, that a person ought to have 'constitutional disturbances' from the syphilitic virus 24 or 48 hours, or a week, *before* he was inoculated? Do you suppose anybody will have constitutional disturbances from a *burn* two hours *before* he puts his fingers into a fire, or six hours before he chances to kick, with his naked foot, the rhus toxicodendron?

Please listen to what Sir B. Brodie says: "I am now (1850) satisfied from a more enlarged experience, that local diseases, in the strict sense of that word, are comparatively rare." * * * "Everything tends to prove that, in the great majority of cases, (porrigo and scabies excepted!!!) there is a morbid condition of the system antecedent to the manifestation of disease in any particular structure."

Dr. Gibbs next dislikes my views as regards the nature of disease and the philosophy of remedial action. Well, will Dr. Gibbs tell us how a charm or a fright, or even quinia, acts upon and cures an ague patient, without influencing the cerebro-spinal system, a doctrine which he ridicules. If he will, and go a little further into the action of medicines, he will doubtless edify the profession at large, and the following learned professors particularly: Prof. Dunglison says,

(vid. Mat. Med.,) "The modus operandi of remedies is not always clear." Prof. Mitchell, (vid. Therap.) says: "We confess most candidly that we know very little on the subject, almost nothing that merits the title of accurate and demonstrative." The late Prof. Patterson, in an introductory 1851–2, (q. v.) agrees with "one of the leading spirits of the profession in England," that "our therapeutics at present are all fluctuating, uncertain and doubtful," that the "old explanation of the modus operandi" of medicines will no longer answer, &c.

If the action of medicinal substances are not electrical—if they exert not an influence over one part of the organism in preference to any other, by the same law of elective affinity, which determines the combinations of inorganic bodies, how is it that, in the one case, any given remedy—say Dover's powder—may produce, like electricity, opposite results even when administered to two patients who are supposed to be laboring under the same nosological disease; and in the other, why is it that ipecac vomits, jalap purges, &c.? Will the old reply—confessing ignorance—still be "from their emetic and cathartic power," or that it is "their natures so to act?"

But to notice any more of Dr. Gibbs' fallacies would be time misspent—hence in conclusion, I would say that I think the 'profession' has suffered from 'reproach' now too long and much more by 'expounders of legitimate medicine,' from a spirit of selfishness and bigotry, assailing and decrying everything that savors of innovation, than by the 'earnest advocacy of doctrines' which Dr. Gibbs sees proper to call "chimerical;" and instead of having entered into 'regions of fancy,' in advocating those doctrines earnestly, I have only entered into the regions of *common sense*—into habits of doing my own thinking, and not accustoming myself, wholly, in *verba magistrorum jurare.*

Review of Dr. N. S. Davis' Annual Address before the Illinois State Medical Society, read at the Annual Meeting in Vandalia, June 4, 1856.

The address of Dr. Davis is designed to show the evil effects of *alcohol*, in that state of the system known as *tuberculosis*. The author admits the general view to be correct which assigns to the tuberculous diathesis a low grade of nutritive actions; but he denies, in the most emphatic manner, that alcohol, or any of its preparations, can in any manner counteract the morbid conditions found either in the predisposition, or the openly developed disease. The following extract will give a clear concepiion of his want of faith in the virtues of alcohol:

"Some of my audience may be ready to ask, if I would deny the almost universal sentiment of mankind, by claiming the broad ground that alcoholic liquors are neither tonic, invigorating, or supporting to the human system? I answer, unhesitatingly, yes! and base my answer not merely on the deductions of the most careful and varied experimental researches, but ask, in return, what there is in the tottering and unsteady step, the impaired digestion, the frequent functional derangements of the kidneys, exhibited in a greater or less degree by all habitual drinkers, which is indicative of increased physical strength, vigor, or power of endurance?"

It appears from the above extract, that the author denies to spirituous compounds either *tonic, invigorating or supporting effects?* Surely Dr. D. must have been laboring under some singular spirit of philosophical hallucination when he reached this conclusion. What will the surgeons think, who have administered these agents to patients laboring under excessive suppuration, gangrene, and other states of debility; or what the physicians, who have followed Stokes in the administration of wine in typhus fever, when the first sound of the heart bebomes feeble? We can ourselves look back with surprise to an instance in which forty-eight pints of wine were administered to a typhoid fever patient! We thought at the time that the wine saved the patient's life; but if we can trust the con-

clusions of Dr. Davis, we were administering to him an agent which was not only entirely devoid of tonic, invigorating, or supporting influence, but in fact progressively debilitating and prostrating the system. Still, we have the satisfaction of remembering that the patient finally recovered from what seemed an almost hopeless state of prostration. We will leave Dr. Davis to explain how this could have happened, if wine possesses no "tonic, invigorating, or supporting" effect!

But Dr. Davis proceeds to explain why alcoholic preparations are pernicious in tuberculosis, either as a prophylactic or curative agent. The objections to alcoholic stimulus are the following: It diminishes the excretions, especially of carbonic acid, retards the conversion of venous into arterial blood, lessens the organic changes, depresses the temperature of the body, and lessens the tone of the muscular structures. Let us inquire more carefully into these effects.

1. *Alcoholic preparations diminish the exhalation of carbonic acid by the lungs.* This proposition has been clearly proven by many careful observers and experimenters. The explanation offered by Liebig, that the alcoholic preparations contain but a small proportion of carbon, with an excess of hydrogen, and that the latter is really the heat-producing agent, may have some force. It is certainly true, that the watery exhalation from the lungs, when alcohol has been taken, is not diminished; and hence it may be inferred, that the oxygen combines with the hydrogen, while the carbon remains unchanged. In this way a very rapid accumulation of carbon would take place in the blood, and the oxygen being appropriated to the hydrogen of the alcohol, the venous blood would finally predominate, *provided the metamorphosis of the tissues furnish the usual proportion.*

2, *It depresses the temperature of the body.* We can not assent to this proposition, except in a conditional sense. If alcohol unconditionally diminishes animal heat, then we could safely and beneficially employ it in cases of inflammation, or any disease attended by febrile heat. So far, however, from

this being recognized as a correct course of practice, we presume a physician who would propose such a measure, would be regarded as demented.

The truth is, the heat-producing power of alcohol is altogether *conditional.* If given to a person in ordinary health, and in considerable quantities, so as to raise the carbon of the blood above the physiological condition, the depressing effects, at least secondarily, will finally be felt. The first and direct effect will be that of excitation; the second, that of super-carbonization and depression of the nervous system. It will follow, therefore, that animal heat will be diminished in this secondary condition, as a result of the depression which always follows over-stimulation, and also from the presence of a superabundance of carbon.

This is one point of view; let us examine the opposite. Suppose the system to be greatly emaciated—the tissues reduced to the lowest state of decomposition, and the carbon or heat-producing agent, almost exhausted. What then would be the effect of alcoholic preparations? Surely a *moderate* quantity of hydro-carbon would supply, to some extent, the deficiency, and the oxygen acting on this dement, would, beyond all doubt, augment animal heat. It will be perceived, therefore, that in one example alcohol will become a disease-producing agent, and diminish animal heat; while in the opposite condition, it will supply hydro-carbon, and thereby contribute to the development of caloric.

3. *It diminishes organic changes.* This is evidently correct; alcoholic preparations diminish the process of healthy metamorphosis, in a physiological state of the system, *and it is equally efficient in arresting emaciation in morbid condiitons.* Now, while we would have no desire to secure the first condition (that is, to fatten a *healthy man* with spirituous potations), it might become exceedingly important to arrest progressive emaciation, such as occurs in phthisis, by the administration of these stimulants.

We think it is abundantly evident that Dr. Davis' premises

are false, and therefore his conclusions vitiated. His great error consists in assuming that the morbid effects of large quantities of spirits, on a healthy system, can be taken as evidence of the therapeutical action of duly proportioned quantities in morbid conditions requiring stimulants. We have not before us the record of the experiments performed by Dr. Davis; but the following extract from the Address conveys a clear idea of the kind of facts on which he relies. In support of the opinion that alcoholic preparations cause a retention of carbon in the system, he says:

"So marked, indeed, is this effect that, in some of my experiments, the air exhaled from the lungs one hour after three or four ounces of brandy had been taken into the stomach, contained more than twenty-five per cent. less than the normal proportion of carbonic acid gas. And whoever will observe the purple lips, the bloated and leaden face, the slow and almost stertorous breathing of full intoxication, will see abundant proof of the impeded circulation through the pulmonary capillaries."

It is abundantly evident from the above extract, as well as the tenor of the whole address before us, that the author has committed the common error of drawing his conclusions from the *pathological* instead of the *therapeutical* effects of alcohol. The introduction of "three or four ounces" of brandy into the stomach certainly far exceeds an ordinary therapeutical dose; and the "purple lips, the bloated, leaden face, the slow and stertorous breathing of full intoxication," are simply evidences of the morbid effects of excessive quantities. What would Dr. Davis think of our philosophy if we should denounce opium as unqualifiedly injurious, and appeal to the diminished sensation, stertorous breathing, and even convulsions, in proof of our assumptions? And yet there would be as much propriety and force in such reasoning, as that which he has seen proper to adopt.

In the experiments of Dr. Bocker (which are among the most careful and valuable made on this subject), he took only

a *tea-spoonful* of spirit of wine; while Dr. Davis attempts to draw conclusions from the effects of "three or four ounces" of brandy taken at once, or even from full intoxication! Surely no course of experiment or reasoning could be more fallacious and unphilosophical.

If any further evidence could be required to show the difference between the moderate and immoderate (therapeutical and pathological) effects of alcohol, we may refer to the effects produced on the blood. Habitual and excessive use of alcoholic preparations (*alcoholismus*) diminishes the solid constituents of the blood, reduces the proportion of red corpuscles, and impairs the condition of the fibrin with a superabundance of fatty matter. On the contrary, it has been shown that after a moderate use of beer, the watery proportion of the blood was diminished, while the fibrin and red corpuscles were increased. In short, the excessive use of alcohol impoverishes and depraves the blood, and speedily induces disease; while the judicious employment of these preparations may be made to invigorate the system, and promote assimilation.

An obvious and important error in Dr. Davis' theory is, that he denies to alcoholic preparations any tonic, invigorating or supporting power. If the author of the Address will look at the rubicund countenance, red nose, florid complexion and active circulation of the dram-drinker (before disease supervenes), he will hardly deny that alcoholic preparations possess very decided and potent stimulating and sustaining properties. The author will probably find that he has mistaken the temporary depression following over-stimulation, for the legitimate and necessary results of medicinal portions of distilled or malt liquors.

But there is another and even more important error involved in this broad and sweeping denial, namely, the failure to recognize the stimulating effects of these agents on the *digestive system*. All observations abundantly prove that, in debilitated states of the system (free from gastric irritation), alcoholic

preparations improve the appetite, give greater force to the function of digestion, and therefore increase the tone of the body in a general sense. It is in this way, at least in part, that these preparations become valuable in certain cases of tuberculosis. All must admit that it is an essential point in pulmonary consumption, to maintain primary digestion in as healthy and vigorous a condition as possible; and we believe candid experience will prove that no mere *drug* will do this so well, as a general rule, as the proper administration of alcoholic stimulants. Whatever difference of opinion may exist in regard to the effects of retained carbon, no candid and accurate observer can doubt the beneficial effects of alcoholic stimulants, when given in suitable cases, and proper forms and doses, in promoting primary assimilation.

The second part of the address is devoted to the detail of cases to prove, clinically, that alcoholic preparations produce no beneficial effect in tuberculosis. The author made observations in 37 cases, 24 of whom were natives of Ireland. Of the whole number only 6 were teetotalers, while 31 drank more or less alcoholic liquors.

We are not able to perceive that these cases prove any thing in the premises. It will be remarked that a majority of the patients were Irish; and with the well-known habits of a majority of such persons who are usually ill fed and much exposed, it is not surprising that the alcoholic liquors should prove ineffectual. Nay, more, it is quite probable, if not positively certain, that the want of substantial food, will under the effects of the liquor be positively pernicious. Most of these persons drink liquors of the worst possible quality, and in an irregular manner; often excessively, so that great evils will usually follow.

We might oppose to this kind of evidence our own experience and that of many members of the profession. Thus we have known a case in which an habitual drinker, who died from accidental disease, exhibited evidences *post mortem* of a *cicatrized* tuberculous cavity. We might appeal, also, to

numerous instances in which fermented and distilled liquors, conjoined with other agents, proved eminently useful. Thus we would leave the clinical observations of Dr. Davis and ourselves just where we find them: viz., undetermined. It will require very extended and accurate observations to determine the exact therapeutical value of alcohol in tuberculosis, and the question is evidently yet undetermined; but when we witness a steady improvement of appetite, an arrest or diminution of emaciation, an increase of weight and strength, we cannot avoid the conclusion that agents which produce these effects must be capable of fulfilling at least some of the indications in treatment.

We desire now to define our own position, otherwise very erroneous conclusions might be drawn from the preceding observations. In the first place, we do not advocate the indiscriminate, much less the excessive, use of alcoholic liquors in tuberculosis; and, again, we never employ it as the *principal* agent. We believe, however, that it promotes primary digestion, and thereby invigorates the general system; that it checks excessive transformation of the tissues, and furnishes materials for sustaining animal heat; that it produces a certain amount of nervous excitement which, within proper limits, serves to sustain the vital actions. This is the extent to which we employ it, never allowing excessive stimulation, and never permitting it to be taken except in conjunction with nutritious aliment.

In closing these hasty remarks we feel impelled to make a single observation on the subject of *teetotalism*. We believe that alcoholic liquors are unnecessary in a state of perfect health; that they do nothing to sustain the system under protracted labor, or exposure to cold. The only exception to this last rule is, that when the food has been greatly reduced, moderate quantities of spirits may seem to supply hydrocarbon, and protect the system from rapid emaciation and increasing cold. We subscribe, therefore, mainly, to the teetotal system; but we never permit these opinions to

influence, in the slightest degree, the use of alcoholic preparations as medicines. No fear of making our patient a drunkard can deter us from giving such a remedy as his exigencies seem to require. If we permit certain moral abstractions to influence our practice, we would soon be left with a most meagre materia medica. Opium, on this principle, must likewise be banished under the apprehension that we may make our patient an opium-eater. There is but little fear, indeed, of making patients drunkards when their stimulants are given *with* and *as* medicines; but whatever may be the result, medical science rests on too broad a basis to be circumscribed by the dogmas and visionary abstractions of ultraism or ultraists.

In conclusion, we beg to assure Dr. Davis that our opinions have been expressed with candor and with the highest respect to him individually, but with a firm conviction that he is occupying false and untenable ground, and that he has been led into the position more as the result of ultra temperance notions, than calm and philosophic investigations. We beg him to review the subject, and we sincerely believe he will finally reach very different and more wholesome conclusions. L. M. L.

Subcoracoid luxation of the humerus, with laceration of the axillary artery and paralysis of the arm; by T. Rouyer, (Rev. Med. Chir. Sept. 1855). (Translated for the *Western Lancet* by—Dr. KRAUSE.

In May of 1855, the author had the opportunity to observe in the cinical department of Nelaton a luxation of the humerus with complications so rare, that he regards the case itself, as well as the remarks by Nelaton, worthy-of publication.

On the 15th of May a man was admitted to the *Hospital des Cliniques*, who had received a severe injury 75 days before. A Subcoracoid luxation of the humerus could at once be diagnosd on the left paralyzed arm. The patient, a workman, stated that his left arm when flexed and elevated, had been caught in the turning-wheel of a machine. The wheel

pressed his body against the axle-tree and pulled his arm violently. Immediately after the injury he was brought to the hospital of Marly, where the surgeon did, not attempt to replace the dislocated limb until after 22 days. He did however, not succeed even with the power of 10 assistants. During the next eight weeks, neither the position of the arm nor its usefulness had improved. On examination the shoulder was found remarkably flattened. The head of the dislocated humerus could distinctly be felt close under the coracoid process. The acromion appeared very prominent and a depression below it. The anterior wall of the axilla had a less extent, than on the other healthy side. Though some writers set down a prolongation of the anterior axillary wall as a symptom of subcoracoid luxation, the inserting point of the pectoralis major muscle being lowered with the dislocated head of the humerus, yet this sign holds good only for recent luxations. For in old cases the muscle becomes atrophied, the anterior wall of the axilla proportionally shortened. The head of the humerus felt uneven so much so as to render stalactiform deposits of bone on it very probable. In front of the head of the humerus the brachial plexus of nerves was situated, a pressure on which caused stinging pains extending along the arm. In following the course of the arteries down the injured arm the axillary artery was distinctly perceptible from the clavicle to the head of the humerus, below which pulsation ceased. It was wanting also in the brachial, radical and ulnar arteries. About the acromion, beneath the skin a large pulsating artery was felt, which was traceable to the middle of the humerus. The whole upper extremity was highly œdematous, the œdema in the axillary region hard and resistant. The arm hung down near the chest, the muscles of the humerus and forearm were paralyzed, only the extensor muscles of the fingers, especially of the thumb, had retained some mobility.

This case, therefore, was an instance of a very rare injury. The axillary artery was torn, (?) though no aneurismal tumor was present. Instances of laceration of arteries by the

; power are not common. It takes place much more ntly in consequence of the force applied by the sur- particularly in cases of long standing. The artery is torn completely, or, it happens, that only the two inter- nembranes are divided, while the external sheath of the ry remains intact in the form of a distended cylinder. related case seems to range among the latter class. The nce of an aneurismal tumor is very remarkable. gne has collected 12 cases of th laceration of arteries werful attempts at reduction. ong these is a case of ton, occuring to an aged lady with subglenoid luxation of imerus. The reduction of the recently luxated arm had easily effected. Soon after, however, a tumor formed in axillary cavity, gradually increasing in size so as to pre- the appearance of an aneurism. The ligation of the lavian artery did not arrest the growth of the tumor; a days after the operation it burst and proved fatal. The post mortem showed, that the aneurism communicated with the a, dorsalis scapulæ, rendering thereby the ligation of the subclavian artery of no avail.

Another very uncommon complication in the case related, is the paralysis of the upper extremity. The paralysis, following luxation, did not attract the attention of the profession till after the beginning of this century. Boyer first noticed the paralysis of the deltoid muscle. Paralysis of the whole extremity, however, has been accurately observed but recently. The paralysis as well as the lesion of the arteries, are either brought about by the luxating or reducing power, causing laceration, compression, contusion or excessive stretching of the nerve. Laceration of the nerve is of extremly rare occurrence. It has been observed only a few times is consequence of two powerful attempts at reduction in old cases. Compression of nerves, though mentioned by Van Swieten and Desault, seems to have been presumed only on theoretical grounds. There is at least not a single instance on record, where it was proven beyond doubt. Contusion and stretching of the nerves is most frequently observed, immediately after

the luxating power has ceased to act. The plexus of the nerves or a single branch is stretched beyond measure and contused by the dislocated head of the humerus, and the paralysis is proportionate in degree to the lesion of the nerve. Sometimes the paralysis may have been caused by a power, acting but momentarily upon the nerves in a similar manner, as paralysis of the arm without luxation falls under observation, subsequent to a fall on or blow at the shoulder.

The question, whether in a case like that reported, anything is to be done, in order to improve the usefulness of the limb, is, indeed, difficult to answer. In regard to the reduction, it is not to be tried for several reasons. The hard œdema of the upper arm indicates that the exudation at this place has organized to such an extent that the reposition of the head of the humerus would be possible only at the expense of an extensive tearing of the soft parts. The other complications present, moreover, the rupture of the artery and the lesion of the nerve, might give rise to more serious accidents, if a very powerful force, as required in all probability, should be brought into action; gangrene of the extremity might even be a consequence. It is likely, that also in this case a spurious articulation will gradually be formed, which will allow a freer use of the limb. The muscles of the arm are completely paralyzed with our patient. Some favorable effect might therefore be expected from the use of Electro-magnetism, if it should become evident, that the paralyzed muscles contract under this stimulus. Without the use of this agent the muscles will probably undergo fatty degeneration. The patient, we are sorry to say, left the hospital after 2 days.

Proceedings of Societies.

CINCINNATI, Oct. 21, 1856.

The Society met at the residence of Dr. J. J. Quinn. President in the chair. There being no Essayist appointed, the relation of cases was announced next in order.

Dr. Wright gave the history of a lady who had for the third time given birth to blighted ova or moles—the supposition was that one at present occupied the uterus, and the question presented was whether it would be deemed prudent to excite the uterus to action to expel its contents.

Dr. Fries reported a case where abortion had become almost habitual, having occurred four times successively, generally about the second month. During the last pregnancy he advised the use of cold syringing, and the application of leeches to the inside of the thighs every two weeks, and recumbent posture; by this treatment she has escaped up to the present, now about four months and a half, giving hope that she will go on to her full time. She is a woman of fine health, but of extreme nervous temperament.

Dr. Wright remarked the facility with which the uterus containing a recently detached ovum could be excited to action, compared with one containing an ovum gradually undergoing deterioration.

Dr. Quinn asked if Dr. Wright had any confidence in the use of ergot in these cases.

Dr. Wright. It had been given on a former occasion by the physician in attendance, but with no better results than as she supposed, of increasing her sufferings without assisting the expulsive action. Having no faith in the drug, he would not, of course administer it.

Dr. Blackman presented a calculus to the society, which he had just removed from a child four years old. It presented the mulberry appearance, was removed with some difficulty owing to its being partially encysted, or rather embedded in the texture of the bladder. The surface exposed to action of the urine was smooth, for the most part, that in contact with the tissues granulated—the smooth surface, also the exterior one, presented a small protuberance marked with the indentation of the forceps, which was fortunately seized upon, and by means of which it was removed from its attachments.

In connection with the case the Doctor made some remarks on the use of chloroform, said he was not so free from appre-

hension in its use as formerly, was pleased with the local anæsthesia by cold, except in cases where it was necessary to have union by the first intention.

Dr. DODGE said, the more we see of chloroform the more we are disposed to dread its effects. About nine days ago he administered it to a patient, apparently of tuberculous diathesis, who had been suffering from neuralgia, sometimes in the sole of the foot, again in the fingers, bearing ecchymosed spots—she was seized with a similar pain in the side, which not having yielded to the use of anodynes, &c., chloroform was used with decided relief. Having at the next visit made a more thorough examination of the case, there was found to exist enlargment of the heart, and obstruction of the brachial artery, which latter did not exist at the previous examination. The Doctor is of opinion that this obstruction was caused by the administration of the chloroform favoring the formation of coagula.

Dr. WRIGHT asked if fatality from chloroform were generally attended with a coagulated condition of the blood.

Dr. DODGE. No; but supposed such an accident could have followed its use in a case where deficiency of the valves had existed.

Dr. BLACKMAN has seen cases reported by Mr. Kirke, where clots have been carried to the brain in cardiac disease, independent of chloroform.

Dr. DODGE supposes it was at all events a case unsuitable for the use of chloroform.

Dr. BLACKMAN. This has also been a disputed question. Dr. Errichsen of London has even gone so far as to admit its use in fatty degeneration, but unfortunately a patient died under its influence in the hands of his colleague about the time of the publication of his work.

The obstruction in Dr. Dodge's case may have been owing to arteritis, and spontaneous gangrene has been reported as arising from the same cause in a child of four years old.

Dr. WRIGHT asked if any cases had been reported relative to the use of iodine in uterine disease, and its effects on the

sexual passion. He had lately applied it in *two cases* to the os uteri where ulcerations had been obstinate, and loss of sexual excitement resulted in both cases, much to the annoyance of the parties. He would ask, did iodine produce this effect; both the women were previously of strong sexual passion and feeling.

Dr. BONNER asked if the iodine came in contact with the clitoris.

Dr. W. No.

Dr. W. L. WOODWARD asked if similar result followed other remedies.

Dr. W. No.

Dr. DODGE, may not the sexual excitement, manifested previously have been owing to the ulceration, or may not its absence have been caused by pregnancy.

Dr. WRIGHT, it appeared to have been caused by the first application.

Dr. BLACKMAN has heard of its destroying procreative power in the male, but it was in cases where the agent had been used for the cure of syphilitic sarcocele.

Dr. WRIGHT gave a short history of a case supposed to have died of scirhus of the stomach, and of which he hoped to present the *post mortem* details at the next meeting.

MEDICAL NEWS.

Dr. KRAUSE reported the following from the German.

Dr. Tuette never failed to detect the chlorides in the urine of patients suffering from pneumonia, though they appeared somewhat diminished in quantity about the time of hepatization. They do, however, not disappear entirely, even where all food is withheld from the patient. The urine of patients laboring under pneumonitis with nervous symptoms, differs from that of really typhoid patients by the absence of ammonia. The best re-agent upon ammonia is the phosphoric-molybdic acid. It is, however, self-evident, that the ammonia test is available only on the urine passed, after the bladder has been evacuated by the catheter, and cleansed by injections of warm water.

Dr. Masing of Dorpat furnishes some additional information with regard to the chemical changes, to which alcohol is subject in the human system. It passes into the blood, from which the greater portion of it is ejected unchanged through the lungs and kidneys. Though it may happen, that a small quantity of the alcohol taken is transformed into aldehyde or acetic acid, yet this is but a presumption, awaiting still further proof. Liebig's theory, that alcohol undergoing in the animal system just the same changes, as alcohol burnt in the laboratory, is oxygenated and decomposed into water and carbonic acid, according to Masing's chemical researches lacks foundation.

Pavesi (*Gaz. Lomb.*) cured a paralysis of the bladder, caused by over-distension, by injections of nicotine, a grain to an ounce of water.

Dr. Cohen of Breslau recommends the internal and external use of coniine for acute laryngitis, as the best remedy to allay the troublesome cough. A favored prescription of his is two grains of coniine, dissolved in two dr. of cherry-laurel water, 6 to 12 drops every three hours.

In case of croup and diphtheritis of the larynx, he found cauterization of the pharynx and epiglottis always useless. Its effects, if favorable at all, were transient and in some cases it seemed to increase even the irritation. When croup or dyptheritis of the larynx was found to attend pulmonary tubercolosis, the treatment consisted only in the application of cold or heat to the throat.

Finally, he declares himself in very decided terms against bloodletting in pneumonitis. Pneumonitis is, in his opinion, like the acute exauthemata, typhoid fever, &c., a process, which cannot be checked by any kind of treatment, but goes through its regular stages. A venesection does not change the quality of the blood so as to remove its tendency to exudation in the lungs. On the contrary, exudation in pneumonitis is to be looked upon as a critical excretion; where the disease does not tend to this crisis about the fifth

or seventh day, it is owing to a grave complication, commonly as uncontrollable as pneumonitis itself. Venesection acts but in a mechanical way. It promotes the circulation of the blood in the lungs, and consequently the diffusion of gases in it. It lessens, therefore, sometimes, the dyspnœa. In the whole, however, venesection allays but a symptom, and ought therefore, not be resorted to in the majority of cases. For it always retards the recovery. Dr. Cohen dispensed with it in 78 cases, which he had to treat, and there did not prove a greater number fatal than under any other treatment.

Dr. Sautlus of Denmark made the observation, that persons who had to deal with scabby calves, affected with herpes farinosus, frequently suffer from eczema or impetigo of the forearm, which extends up to the neck by successive eruptions, rarely to the face, and never to the hairy provinces of the head. A series of experiments convinced him, that the eruption on the human skin is produced only by direct contact with the crusts of the live animal. Every other method of inoculation proved unsuccessful. The cure was always complete within four to five days under the indiscriminate local use of collodium.

The same physician was told by a reliable person, that puppies are protected from the distemper by vaccination on their nose. He never found it to fail.

Schuller, physician to the findliz house at Vienna, reports two fatal cases of vomiting with children, in consequence of a distension of the duotur botalli by a solid coagulam of blood, which pressed upon and irritated the pneumo-gastric nerve.

Dr. Rosas at Vienna (*Wien Med. Wochenschrift*, 3. 1856), observed on the eye of a young man, 20 years of age, an opacity of the cornea, which appeared every day immediately after getting up from sleep. It increased for five minutes, and disappeared again within an hour. The young man had

labored under it for 1½ years. He noticed it first, after he had exerted his vision by reading, nearly uninterruptedly for 48 hours. The opacity did not appear until the patient rose from his lying posture. Other changes of the eye with the exception of a hyperæmia of the choroid membrane and retina were not perceptible. Every kind of treatment, quinine, morphia, iodide of potassium, were of no avail. Violent movements as well as irritating applications aggravated the disease. The cold douche applied to the head shortened the duration of the opacity about half an hour. It did, however, not prevent its reappearance.

Dr. Steubig relates (*Med. Centralz.* 54. 1855,) a case of paralysis, cured by a paroxysm of mania. A widow, 72 years of age, had her right arm paralyzed for 40 years, when she fell into mania, under which she used to indulge in hearty cursing. But her vehement declamation was answered by a relative of hers by the indeliberate remark: God had punished her by paralyzing her arm. Infuriated by these words she exclaimed, If God has made me sick, he can also restore my health; and forthwith she elevated her lame arm, and tossed it wildly around in every direction. Since that time she enjoyed the free use of her arm until her death, even during the intervals of her mania.

Dr. Wolf of Freiburg cured a patient suffering with a foreign body in his left knee-joint, by pressing the foreign body down into the internal elongation of the capsule, and fixing it there with a serre-fine. The instrument was removed on the seventh day, the wounds suppurated a little, the inflammation was very slight. On the ninth day the patient was dismissed with a bandage of adhesive plaster over the diseased joint. He continued his journey on foot without the least trouble. The foreign body was agglutinated and immovable.

Moved that the Society adjourn till the second Tuesday in November, to meet at Dr. Wright's.

Proceedings of the American Pharmaceutical Association, at the Fifth Annual Meeting, held in Baltimore, Sept. 1856.

We are glad to observe that some of the most valuable communications in the above proceedings, are from the pen of Mr. E. Wayne, Lecturer on Pharmacy in the Medical College of Ohio. We copy one of these, relating to an article extensively used by physicians throughout the country. We have long been acquainted with Dr. McMunn, now of Williamsburgh, near New York. The Doctor has always enjoyed the confidence and respect of his fellow practitioners. Of the value of Mr. Wayne's substitute for his Elixir we are unable to decide. B.

In the July number, 1856, of the New York Journal of Pharmacy, a formula was published of Dr. David Stewart of Baltimore, for a preparation of opium, intended as a substitute for laudanum, and also as a substitute for the nostrum known as McMunn's Elixir of Opium.

The preparation of it was based upon the known fact, that alkaline solutions dissolve morphia, and that codeia and narcotine are insoluble in the same.

The formula is as follow: Take 1000 grs. of opium, macerate and levigate it with water, straining the solution from the dregs and washing the same with repeated affusions of boiling water, and boiling the resulting liquor with a milk of lime made with half an ounce of lime and two ounces of water, for a few minutes; then filter and wash the mass upon the filter with lime water, until the filtrate measures 10 ounces; separating 1 ounce and adding to it 5 grains of muriate of ammonia, boiling and separating the precipitated morphia after 12 hours standing; and if it weighed 6 grains, add 9 ounces of alcohol, or a sufficient quantity, so that each ounce of the prep araion contains 3 grs. of morphia.

I have made this preparation frequently, having had a demand for it, and from my practical acquaintance must make several objections to it. First, that the precipitate obtained by the addition of muriate of ammonia to the lime water solution gives no correct information, only an approximation as to the amount of morphia in the solution, as the precipitated matter will be found to contain a large percentage of lime. Second, that the preparation after it has been made and filtered clear, will, upon standing, deposit lime upon the sides and bottom of the vessel containing it, carrying with it more or less of the morphia, and that this deposit will continue to take place as long as there is any lime held in solution. Third, that the preparation is at best but a solution of impure morphia, which becomes weaker upon standing, or until all the lime has been deposited, and consequently of less value than when first made.

Other formulas have been published with the same view as the above, *i. e.*, a substitute for McMunn's Elixir. The only one of which I now can call to mind, is that of Eugene Dupuy. It is very different from the one mentioned, and very little if any from denarcotised laudanum,—a watery solution of opium, evaporated down to a certain extent and treated with ether to romove narcotine, thebaina, meconia and part of codeia, and contains little, if any, of the volatile principle of the opium, which Dr. Stewart is of the opinion has valuable therapeutic properties, lost in great measure by the evaporation, and treatment with ether. None of the formulas published seem to have been brought into general use, either from want of trial, or of the efforts of harmaceutists to prepare them and bring them into notice; satisfied that as long as the physician is willing to use a nostrum in place of, perhaps, a better preparation, to take no trouble upon himself so long as the other pays him a profit and saves him some trouble in the preparation of it.

I submit with this paper a formula which has suggested itself to me, (and a specimen of the product,) differing in some respects from those mentioned. From that of Dr. Stewart in the morphia being in it natural combination as a meconate, and in ohtaining the volatile portion of opium by distillation. And from that of Mr. Dupuy mainly in saving the volatile principle, which is in great degree lost by the evaporation of the watery infusion in his process.

Formula.—Opium 1000 grains. Cut it into small pieces and macerate it for ten days in one pint of alcohol, U. S. P., with occasional agitation. Then place it in a percolator, and when all the liquid has passed through, add sufficient alcohol upon the mass to mlake the filtrate meaurere 16 ounces.

Place the resulting tincture in a retort and distill over 8 ounces, which set aside. Remtove now the contents of the retort to an evaporating dish, and let it stand seven hours. A large portion of resin is thus deposited, and is to be separated from the solution by filtration. To the filtrate add its own volume of ether and agitate it occasionally. Separate the watery from the ethereal portion, and expose it to the air, to allow the dissolved ether to evaporate. To this then add the alcoholic distillate, anld make up the original measure, 16 ounces, by means of dilute alcohol.

This may be considered a difficult or troublesome preparation to make. Such, however, will not be found to be the case, and it requires actually no more time than either of the other processes mentioned to make it. The only troublesome part of the process is the distillation (which is the chief feature of the process); this I consider not as troublesome as the evaporation upon the water bath, or the treating the solution with milk of lime and the tedious filtration.

Correspondence.

To the Medical Profession, and Scientific Observers.

The undersigned having been appointed, at the late meeting of the American Medical Association, chairman of a committee on the Etiology and Pathology of epidemic cholera, respectfully solicits Etiological, Pathological and Historical data pertaining to the disease, from the medical profession, and Meteorological data from any person who may have them.

As a primary examination in investigating the cause of Asiatic cholera, and its mode of travel, he wishes to be able to compare Meteorological data obtained when the disease was raging in any given locality with those which were obtained where the disease did not prevail.

To make this comparison most complete a full set of Barometrical, Thermometrical, Hygrometrical and Ozonometrical tables, with prevailing winds—and electrical phenomena—as far as obtainable—for a series of years, embracing those of health and disease, and extending over a large territory, are needed; but where full tables are not obtainable, partial ones, or reports, will be thankfully received if the observations are accurate.

As Hygrometrical observations are extremely rare in the United States, the undersigned hopes that each person who has any, which may be of value in the present investigation, will forward them to his address, or inform him of their existence, and how they may be made available.

It is also hoped, that every person, properly prepared to keep Meteorological registers, will spare no pains to make them as perfect as possible, and not fail to embrace Hygrometrical observations in their tables.

Tables now forming may be of real service to the committee before the time expires for which it was appointed.

All data received prior to March 15th, 1859, will receive

the attention of the committee; and due credit be given in every instance for valuable information.

The subjects of investigation are of such vast interest to mankind, it is hoped the present request will elicit the hearty co-operation of the medical profession, and any other persons who may have, or shall hereafter collect matter of the kind requested.

It would seem that he should not hope in vain, when it is considered that cholera is a disease which knows no political bounds, and frequently appears to regard neither Geographical lines or Sanitary cordons, and has already destroyed nearly, if not altogether, one hundred millions (100,000,000) of the earth's inhabitants.

Thus far, all with whom the chairman has corresponded have most promptly proffered any assistance in their power, and at the same time expressed their warmest sympathy and regard, for the investigation; but believing those with whom he is unacquainted, may have data of the kind sought, he takes the present method of presenting his wishes, hoping they may be complied with by all who are possessed of such data, and feel an interest in man's emancipation from disease.

Medical Journals, Literary Magazines and newspapers friendly to the great interests of humanity and medical science, will confer a favor upon the committee—and it is hoped upon the world—by inserting the above in their columns.

T. Winslow Gordon, M. D.

Georgetown, Brown County, O., October, 1856.

Reviews and Notices.

Obstetrics: The Science and the Art. By Charles D. Meigs M. D. Professor of Midwifery and the Diseases of Women and Children in Jefferon Medical College at Philadelphia; lately one

of the Physicians to the Lying-in Department of the Pennsylvania Hospital. Member of the Society of Swedish Physicians at Stockholm; Corresponding Member of the Hunterian Society of London; Member of the American Philosophical Society; of the Academy of Natural Sciences of Philadelphia; etc., etc. Third edition, revised. With 129 illustrotions. p.p. 758. Philadelphia: Blanchard & Lea. 1856.

In his brief preface to the present edition, the author states that he has endeavored to fulfil the intention expressed in the last paragraph of the preface to the second edition of his work. He has attempted to amend his style and to "bring the subject up to the latest dates of real improvements in our art and seience." In referring to the last paragraph of the preface above mentioned, we find the following: "Lastly I feel most grateful for the kind reception heretofore given in this country, to my contributions to medical literature, and most thankfully acknowledge my obligation to improve them as opportunity arises; but this sentiment is blended with regrets, that, amidst agitations, the distractions, and the fatigue of a physician's life, less time is allowed me for revision than is demanded by the many demerits of all that I have hitherto written." From this, the reader would infer that the author has endeavored in the present edition, as far as lay in his power, to *perfect* his "Treatise on Obstetrics;" how far he has succeeded in producing a sound practical work is a question which we hope to have discussed in our next number. B.

The Practical Anatomist, or the Student's Guide in the Dissecting Room. By J. M. Allen, M. D. Late Professr of Anatomy in the Medical Department of Pennsylvania College, etc., etc. With 266 Illustrations. p. p. 631. Blanchard & Lea: Philadelphia. 1856.

However valuable may be the "Dissector's Guides" which, we, of late have had occasion to notice, we feel confident that the work of Dr. Allen is superior to any of them. We believe, with the author, that none is so fully illustrated as this, and the arrangement of the work is such as to facilitate the labors of the student in acquiring a thorough *practical* knowledge of anatomy. We most cordially recommend it to their attention. B.

An Introduction to Practical Chemistry, Including Analysis. By JOHN E. BOWMAN, F. C. S., Professor of Practical Chemistry in King's College London; Author of "A Handbook of Medical Chemistry," etc. Second American from the second and revised London edition. p. p. 298. Blanchard & Lea: Philadelphia. 1856.

The author remarks in his preface that it has been his aim, as far as possible, to make this little work more fully adapted to the requirements of the general student; and he is of the opinion that it now leaves little to be desired as an Introductory Text-book of Practical Chemistry. He professes to have embodied such changes and corrections as have been rendered necessary by the progress of the science since the first edition was published. The date of this preface is Feb., 1854, and those better versed than ourselves, in the advances which chemistry has recently made, may deem the interval since passed as rather lengthy, in connection with the appearance of a new American edition. We have no doubt however that it admirably fulfils the objects intended, viz: to render simple to the beginner, the various processes employed in analysis or which have been devised for the illustration of the principles of the science.

B.

Lectures on Materia Medica and Therapeutics. By JOHN B. BECK, M. D., late Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons, New York.

We have received a copy of the second edition of this work, and, having examined it somewhat attentively, are ready to pronounce it a most excellent text-book for the medical student.

The author had a highly disciplined mind, eminently practical in all its tendencies; and here in one small volume, by excluding the doubtful and inefficient, and carefully eschewing all mere theoretical discussions, he has been enabled to present, in a clear and attractive manner, most of the material facts and principles of the science of Materia Medica. His search seems to have been not after the *new*, but the *true*, and we venture the remark that he has written but little that would not be fully sanctioned and sustained by the wisest and best practitioners of the age.

Prof. Beck was no theorist, and does not attempt to deduce his therapeutics from any speculations about the ultimate nature of dis-

ease. He adopts as a fundamental principle the broad and substantial maxim, that "*under similar circumstances, the same medicines will produce similar effects,*" or, what is simply its equivalent, every kind of medication which has cured one disease will cure all analogous diseases.

No one recognized more fully than he did the fact that medicines are, in the main, but relative agents ; and the great merit of his book consists, in a scrupulous care to specify well the circumstances which cause a variation in the effects of these agents—not in attributing to them any imaginary virtue in connection with this or that medical doctrine, but in keeping closely to the results of pure observation.

The additions made to the lectures of Dr. Beck by his friend Prof Gilman, are not many, but highly judicious. We say by all means buy the book. We are indebted for its publication to the house of S. S. & W. Wood, of N. Y. You will get it at Derby's, on Main street. B.

New Foreign Publications.

Thirteen *livraisons* of Lebert's magnificent treatise on Pathological Anatomy have been published. The whole when completed will doubtless surpass any thing of the kind ever issued from the French press. Twenty-seven *livraisons* are yet to appear, and the work when finished will cost about one hundred and sixty dollars. The second part of C. Bernard's "*Lecons de Physiologie experimentale appliquie a la medicine,*" is now ready. Price $1.75

A work by H. Scoutetten, on "L'Ozone, o u recherches chimiques, meteorologiques, physiologiques et medicales sur l'oxygene electrise" has been recently published by M. Bailliere. Dr. Alison, Emeritus Professor of the Practice of Medicine, Edinburg, is preparing for publication a work on the "First Principles of Physiology and Pathology, and of their Connexion with other Branches of science." Dr. Thomas Laycock the recently elected Professor of the Practice of Medicine, and of Clinical Medicine, in the University of Edinburg, is the author of a work just published, entitled "Lectures on the Principles and Methods of Medical Observation and Research, for the use of Advanced Students and Practitioners." A *second* edition of Dr. Fuller's excellent work on Rheumatism, Rheumatic Gout and Sciatica has just been issued by Mr. Churchill, of London.

The Cyclopædia of Anatomy and Phsiology, edited by Dr. R. B. Todd, has reached its 48th number. The 49th part containing the article Uterus, by Dr. Arthur Farre, is in press, and will be published at the same time with Part L. which will complete the work. The price in this country, will be about $60. A new edition of Quain's Anatomy, by Dr. Sharpey and Mr. Ellis is just issued. A new edition of Kirke's Handbook of Physiology is also ready. A new and improved edition of Lizar's Anatomical Plates with a Supplement on the Female Breast, Testis, Male Perineum and Male Pelvis just published.

Editorial.

In our last number we announced the intention to publtsh *in extra sheets* of the *Lancet*, the revised Lectures on the diseases of the Bones and Joints, delivered by the Editor at the Medical College of Ohio. We shall be unable to fulfill this promise, for the reason, that the vast number of cases of the kind constantly offering for clinical lectures at the Commercial Hospital, renders it unnecessary to discuss these topics fully at the College. The proposed changes in the size of the Journal, the improved paper etc., etc., will materially increase the expense of publication, and we doubt not, in consideration of these facts, our readers will need no urging to remit payment *in advance*. Direct to our address, 44 9th Street, Cincinnati. B.

We invite the attention of our readers to the communication of Dr. Gordon, of Georgetown, O. Dr. G. seems determined to spare no effort in the discharge of his duties, and we trust that all, who have it in their power, will aid him in the accomplishment of the object for which the committee was appointed. B.

The Actual Cautery.—Professor Syme of Edinburgh, is a strong advocate of the use of the actual cautery in the treatment of the diseases of the joints. In the August No. of the London *Lancet*, (Am. edition), he describes the disease commonly known as Ulceration of Cartilage, and recommends the actual cautery as the most effectual means of curing it, it being in his opinion, "a remedy no

less certain than speedy." Those who have attended the *cliniques*, of the Commercial Hospital, will not question our own partiality to the actual cautery, but, notwithstanding our high estimate of its powers, we cannot share in Prof. Syme's belief that it, or any other agent, is "a *speedy remedy*" in true ulceration of cartilage. In cases of chronic synovitis we have seen it operate most magically, and it is for the treatment of this class of cases, that we regard it as peculiarly adapted. M. Bonnet in his work on the diseases of the joints, gives an account of numerous experiments which he performed with the actual cautery as well as with the moxa, the action of which he asserts, is essentially different from caustic, inasmuch as they cause a higher degree of local excitement. The cautery heats the tissues to the depth of about half an inch. He found that the integrity of the skin exerted a material influence upon the propagation of the heat. If destroyed, it scarcely passed beyond the slough in contact with the iron, for the reasons that the contact of moisture cools the iron, and the skin is a better conductor of heat than the other structures. The heat of a large moxa slowly burned according to his experiment, penetrates much deeper than that of the cauterising iron. With the testimony of such surgeons as Professor Syme and M. Nelaton, in favor of the actual cautery, it is probable, now that chloroform robs it of its honors, its use will be greatly extended. It is time that the prejudices of British and American practioners should yield to the evidence furnished by those on the Continent of Europe. B.

We copy from the *Ohio Med. and Surg. Journal*, for November, the following well-merited compliment to one of our colleagues:

"Prof. L. M. Lawson is again connected with the Ohio Medical College, and we welcome him back to the State, as one of its most able teachers and accomplished practitioners." B.

"*Extensive Injuries during Pregnancy.*"—Several of our exchanges have copied our report of the extraordinary case which we attended last winter with Dr. Fries, of this city, but they have all erroneously attributed it to Dr. Tyler Smith's Obstetric Lectures in the London *Lancet*. We published the details of the case very

briefly, as a set-off to one of far less importance recorded by Dr. Smith in his Lectures. We should have stated in our report, that there was also a dislocation of the ankle which Dr. F. had reduced before our arrival. B.

Hemorrhoids.—A writer in a recent No. of the *Medico Chirurgical Review*, remarks, that in some cases recently treated, the actual cautery has seemed to possess advantages over the ligature and excision. Should vesical tenesmus, or retention of urine follow, a tepid bath will afford relief. Contraction of the rectum, he adds, has never resulted from the operation. For some time past we have been in the habit of applying the actual cautery after excision, and have been gratified with the results. It arrests the hemorrhage at once, nor have we met with any cases of contraction of the rectum as a consequence. At the Commercial Hospital, recently, we made use of the actual cautery to destroy syphilitic vegetations, or excresences, which involved nearly the whole circumference of the rectum. The largest was situated above the internal sphincter, and gave the patient much anoyance and suffering by protruding within the sphincter at every evacuation of the bowels. In this case, the cautery produced very happy results. B.

On Friday the 21st inst., we exhibited to the class of the Medical College of Ohio, an ovarian tumor removed on the 18th by Dr. Dunlap, of Ripley, O., which we believe to be the largest ever extracted from the living subject. The solid tumor weighed 100 lbs.; and besides this, some five lbs. of fluid were lost in the operation. Dr. D. informed us that he heard from his patient on the 20th and that she was doing well! B.

Our own experience, based upon the exsection, in four cases, of the posterior wall of the spinal column, confirms the opinion advanced by Dr. Brown-Sequard, in his Experimental and Clinical Researches on the Physiology and Pathology of the Spinal Cord. He maintains that the simple exposure of the cord, is attended with less danger than has been supposed, and in view of the almost certainly fa-

tal results produced by compression, he advocates the operation for raising the neural arches when depressed by violence, so as to interfere with the function of the spinal cord. Some three years since, we performed such an operation, and although the investing membranes of the cord were lacerated so as to give exit to the cerebro-spinal fluid, this exposure was attended with no unpleasant symptoms whatever. This patient was living a few weeks since, and enjoying good health, having received material benefit from the operation. Although two of our cases were not successful, yet, there were no grounds, at any time after the operation, for believing that the exposure of the cord had added to the patient's danger. B.

In the absence of the promised analysis of some of the alcoholic beverages consumed in Cincinnati, we copy from the Philadelphia *Med. Examiner*, the following "Irish Analysis," of the adulterations of whisky.

An Irish analyst, in the *Limerick Chronicle*, gives the following composition of adulterated whisky:

"It is composed" he says "of one-third spirits, one-third aqua-fortis, one-third vitriol, and one-third water." The writer in the *Times*, who quotes the paragraph, suggests that the analyst who penned the statement, may probably have left one-half of his senses in his night-cap, lost one-half in taking the dram which he analyzed, and made use of the rest in obtaining his results. B.

The *Dental Register of the West*, edited by J. Taft and George Watt, for October, contains a large number of communications which must be of great value to those engaged in the practice of Dentistry. Dr. Richardson has an admirably written paper on *Gangrenous Degeneration of the Cheek and Gums, with Nexcrosis and Exfoliation of the Alveolar Process and Maxillary Bone*, which we should be glad, did space permit, to transfer to our own pages. Mr. Osmond is the author of another communication on *Gutta Percha*, as an application to clasps, in which he exhibits a thorough practical knowledge of his art. We commend the *Dental Register of the West*, to the patronage of the profession. B.

☞ The interest manifested during the last session of clinical instruction at the Commercial Hospital, continues unabated, and the multitude of instructive and important cases brought before the class during the past six weeks, must satisfy any unprejudiced mind that the clinical advantages possessed by the Medical College of Ohio, are unsurpassed in this country. From present indications, the Faculty have reason to anticipate a very large attendance on the regular *clinical* course, to commence in March. It will be remembered that this will be a regular session, and that degrees will be conferred at its close. B.

☞ We find in our exchanges expressions of decided opposition to the custom hitherto adopted in the selection of a presiding officer of the American Medical Association. By some this is termed "ridiculous," others assert that it has given to the Association the reputation of its ability to make great men out of very *small* material, and in commenting upon the practice, they are content with observing that "this is carrying *mechanical improvements* a little too far." It is well known to the profession that but with one exception, the presiding officer has been chosen from the city in which the Association has held its session. The objections to this course have long been recognized by the profession, but, we believe that Dr. Hunt, of the Buffalo Medical Journal, was the first to embody these objections in proper terms. As now managed, those most worthy of the Presidency can be elected only by accident, and if the custom continue much longer, it is more than probable that those most deserving of the high honor would feel some reluctance in condescending to accept the appointment.

Bloodgood, of Illinois, offered a resolution at the last meeting, that hereafter the President shall be elected by ballot, and shall not be resident of the State in which he is elected. The objections to the last clause of this resolution are obvious, for, the best man may belong to that State. The proper plan may be stated in a very few words: elect, without regard to locality, those who will confer honor upon the Association, those who have made their mark, and not the aspirants for fame.

The next meeting of the Association is to be held at Nashville, and to use the language of the Louisville Review, "In no city of the South-west are there to be found more men deserving of the

high honor." Yet, to their immortal honor be it stated, that they endorse without hesitation the views of the Buffalo Journal, and express the earnest hope that the reformation may commence at Nashville, at the next meeting of the Association. After such an expression on their part, and believing as we do, that the locality should be utterly disregarded in the election, we sincerely trust that, merely for the sake of speedily correcting a bad habit, the claims of Nashville may not be overlooked. B.

Miscellaneous.

Dr. Oliver Wendell Holmes, has a spirited notice of Prof. Draper's Physiology, in the Oct. (28) number of the Boston *Medical and Surgical Journal*. He pronounces the work "original and interesting," and says there is much in it "both new and good." In reviewing Prof. Draper's observations on the Influence of Physical Agents on Man,—Dr. Holmes remarks:

"In the chapter on the Influence of Physical Agents on Man, are various assertions it might be necessary to correct or qualify. The two Australians, figured from Prichard, are evidently half-starved, 'simply caricatures,' to use Dr. Pickering's words. This most accurate observer found fine faces among that people, and in some of the young women a very pleasing expression. An Australian presented him the finest model of the human proportions he had ever met with. In fact, these half-starved caricatures would be far from ill-looking if they were fed as well as professors sometimes are. The man's head offers a superb frontal development and a Greek philosopher aspect generally, and the attenuated female, with the aid of corn and crinoline, would be presentable, if not lovely.—And where, we may be permitted to ask, are the 'many great cities' on the Chinese rivers, 'vastly outnumbering in their population the largest European capitals?' Must we have the 'black Jews of Malabar, adduced once more as a proof of the effect of climate in changing the complexion of a race, when it has been stated, over and over again, and the authority of those living among them, that they are a mixed race? Again, when the California 'Indians' are contrasted with those of the Atlantic shore, it should be remembered that Dr. Pickering maintains that they are not 'Indian' at all, but Malays from the other continent. The transformation of the Mongol into the Caucasian type in the case of the Turks, maintained by Prichard and re-asserted by Professor Dra-

per, is much more probably referred by Hamilton Smith to their extraction from, or early intermixture with, the higher race.

"And what shall we say to the doctrine that the European complexion has grown darker in consequence of the artificial modes of life introduced in modern times? (p. 591.) Will furnaces and gaslight ever turn white people into negroes? Do not those who are housed and sheltered with the greatest care, blanch like celery? Look at the white arms and shoulders in the first ballroom you may enter, and see what a 'warmer and more genial climate,' produced by human art, effects in that direction.—Would Professor Draper really conclude from his statistics (p. 595) that the erring woman is commonly older than the tempting man? What say the story tellers and painters from the time of Colonel Chatres, downwards and upwards?

The tropical races leave behind them two curses, says Professor Draper, 'tobacco and syphilis.' This epigrammatic conjunction forcibly recalls the 'Father of Chemistry and uncle to the Earl of Cork;'

> 'Wrapped in my virtue and a good surtout;'
> 'He had no malice in his mind,
> No ruffles on his shirt,'

and similar lively passages. We commend the Professor to Charles Lamb's Farewell to Tobacco, and to the old proverb about not overblackening the Worst of individuals." B.

We have received the transactions of the New Hampshire, Indiana and Illinois State Medical Societies, containing a variety of interesting matter, which we shall notice in our next number. The address of Dr. Cogley, before the Indiana State Medical Society, "On Hospitals in Europe" cannot but prove of interest to our readers. It will appear in the January number of our Jonrnal.

B.

☞ Dr. Crawford, of Greenville, Tenn., has published, in the Nov. No. of the Nashville Journal of Medicine and Surgery, the results of his treatment of dysentery, which prevailed as an epidemic in his vicinity for the last four or five years:

"Every man knows, who knows any thing about medicine, that a *panacea* is the vilest imposition, or a remedy to meet a single disease in all its stages in every constitution, is not to be found, and no wise man would look for it. The treatment I gave dysentery comes as near meeting all the cases as any thing I remember to have tried in this or any other disease.

"*Opium is the remedy.* Rest to the inflamed bowel is the main and important thing in curing this disease. Every time the bowels

act, the irritability of the organ is increased, until a desire to go to stool is constant, a high degree of inflammation soon follows, extending more or less to the upper bowels. The first thing I do, if I find the bowels have been freed of fecal matter by diarrhœa or cathartics, is to administer a full dose of opium.

If there be much thirst and fever, ipecac is added. Dose for an adult pul. opi. gr. ij., ipecac grs. ij., creta. prep. gr. 10, mixed with simple syrup. With this I confidently expect rest to the bowels for four or five hours; at the end of this if the discharges are still dysenteric I give castor oil, after its action I repeat the dose in increased quantity if circumstances permit. In a large number of cases three or four doses were all that was required to effect a cure.

By giving rest to the bowels four or five hours I confidently expected fecal discharges when the effect of the opium would pass off, and in a majority of the cases this was the case. It was only necessary to repeat the dose to prevent the discharges from becoming dysenteric, which they would soon do if not quieted by a second dose. The disease is cured by rest and not by the opium or any thing else that may be taken into the system. I find, in looking over my note-book, that out of 297 cases treated by me in the last four years, 200 were treated in this way, and all recovered. Where there is little or no fever, I dispense with the ipecac. Many cases though, in spite of treatment, assumed a grave typhoid condition; and the fatal cases that occurred in my practice were of this type. Of the 97 cases, many of them were in a low or typhoid condition when I first saw them, or were complicated with other diseases so as to prohibit the use of opium. The typhoid cases I treated with a mixture of turpentine, laudanum and gum arabic, and I was well pleased with its effects. My first object was to procure fecal discharges by the mildest cathartics in all cases where there had not been diarrhœa. So much, then, for dysentery and its treatment.

"I claim no new discovery of my own; I only ask for the remedy a retention of the position it so justly merits in curing this disease, where it has been placed long before my time by older and better hands than mine. I claim for it in this locality a superiority over every single and compound prescription in the treatment of dysentery that I have ever tried—*j'en ai bien de la joie.*"

☞ Professor Eve, of Nashville, is preparing a work to be entitled "A Collection of Remarkable Cases in Surgery." From an extract published in the November number of the Nashville Journal, and the author's well-known abilities, we are satisfied that it will be one of great interest and value to the profession. We can not agree with Prof. Eve, in awarding to Dr. Carnochan, of N. Y., priority

in the removal of the *entire* lower jaw. In the second volume of our edition of Mott's Velpeau, we have recorded, as we think, sufficient proof to show that Dr. C. was *not* the first to perform this operation. In the report of a case which occurred in our practice, published in the American Journal of Medical Science, for October, 1856, we have incorporated the substance of our arguments in opposition to the claims of Dr. C. We are much pleased with Prof Eve's defense of Dr. Deaderick.

"We regret to find that one so well versed in surgical literature as the author (Dr. C.) of this article is known to be, *ignores* the deeds of his own countrymen, the backwoods Tennessean, *Dr. Deaderick*, of Athens, formerly of Rogersville, in this State, and gives the credit of the first methodical operation on the lower jaw to Dupuytren, of Paris. Dr. Mott, Mr. South, Dr. Blackman, Dr. Smith, successor to Dr. Gibson, each cheerfully concede priority of this operation to Dr. Deaderick. We are pleased to have it in our power to present a letter, never before published, respecting these claims, from the Doctor himself, and kindly furnished us by our friend Dr. Avent, of Murfreesboro'. The profession will now be able to decide the question to whom does the honor belong of first operating upon the lower jaw.

[This was addressed to Dr. Avent, Chairman Surgical Committee for Tennessee, 1856.] This is the letter:

"With the exception of the removal of a trivial tumor from the face, the exsection of nearly *one-half of the inferior maxillary bone* from a lad of about fourteen years of age, was my first operation upon the living subject (performed February 6, 1810.) The tumor in this case completely and equally surrounded the bone, and fortunately its termination near the chin and angle were plainly defined, and probably originated from the cavity of a decayed tooth. From the rapid increase of the tumor, which now filled nearly the whole mouth, it was evident that unless relieved, the patient would at no distant day succumb, from impeded respiration and deglutition. The parties most concerned (mother and son) being conscious of this, and willing to exonerate me from censure in the event of an unsuccessful issue, *without known precedent or professional counsel or aid* (which at that day was not readily attainable), I forthwith, at my own house, performed the operation in the manner and form described in the American Medical Recorder (6th vol., if not mistaken), and Gibson's Surgery, to-wit: An incision commenced under the zygomatic process, proceeding in the direction of the lower edge of the bone to the chin, another midway at right angles over the tumor and down the neck, integuments separated from the tumor, and the latter from its other connections, and the bone sawed off immediately at the angle and a few lines from the center of the chin

Wound closed with sutures and sticking plasters; a plaster of simple cerate and a light compress over the whole and bandages completed the job. Suffice it to say, that in about six weeks the patient had completely recovered, and lived many years in my neighborhood; and two or three years since I was informed of his removal to Kentucky, where, probably, he is yet living, inasmuch as after the loss of his jaw bone, he became an uncommonly healthy man. Dr Mott expressed a somewhat suspicious surprise in consequence of the publication of this case having been so long delayed. Now, sir, the inclosed letter from my former pupil, Dr. W. W. Lee (at present, I believe, living at Trenton, Western District, Tennessee), was the occasion of my sending a brief statement of the case for insertion in the aforesaid Recorder, and had it not been for this letter, in all probability, Dr. Mott and others never would have been disturbed by my pretension to priority respecting the achievement in question.

GRAINGER COUNTY, TENN., Dec. 6, 1822.

My Dear Sir,—My chief motive for writing to you at present is, to point your attention to some recent publications in the American Medical Recorder, on the subject of removing a portion of the lower jaw bone. You will there find that Dr. Mott, of New York, has recently performed the operation, and is there spoken of as the first who did it. Now I am well assured that you performed the same operation more than ten years ago, and I distinctly remember having mentioned it to several medical gentlemen in Philadelphia and New York, though perhaps not to Dr. Mott. Should you not feel inclined to contradict these statements of the Recorder, I hope you will shortly favor me with a few lines, directed to Nashville, detailing the particulars of the operation. With pleasure, sir, I embrace this opportunity of renewing assurances of my esteem and friendship for yourself and family. WM. W. LEE.

"We add, that Dr. Deaderick still lives to wear his honors meekly which he so gloriously won in his early professional career; this he abandoned, however, years ago—that he was a pupil of the celebrated anatomist, Dr. Wistar, and attended two full courses of lectures in Philadelphia."

Samuel Johnson on Medicine. We copy from the Nashville Journal of Medicine and Surgery for November the following:

"The celebrated moralist, at once the wisest and most obliging of men, has left few subjects, precedaneous or contemporary, unenlightened by his ever-glowing genius. Among other subjects, accident brought his analyzing battery to bear upon the doctorate. Singularly enough, Dr. Memis, of Aberdeen, in charge of the Dispensary by appointment of the authorities of that city, became highly indignant because under their direction the Latin regulations of this insti-

tution were translated into English, in which the same word was, where it first occurred, translated *physician*, but occuring after his name, was translated *doctor of medicine*. Dr. Memis brought an action for damages, and the counsel for the defense procured from Johnson the following argument:

'There are but two reasons for which a physician can decline the title of *Doctor of Medicine*, because he supposes himself disgraced by the doctorship, or supposes the doctorship disgraced by himself. To be disgraced by a title which he shares in common with every illurtrious name of his profession. with Boerhaave, with Arbuthnot, and with Cullen, can surely diminish no man's reputation. It is, I suppose, to the doctorate from which he shrinks, that he owes his right of practicing physic. A doctor of Medicine is a physician under the protection of the laws, and by the stamp of authority. The physician who is not a Doctor, usurps a profession, and is authorized by himself to decide upon health and sickness, and life and death. That this gentleman is a Doctor, his diploma makes evident; a diploma not obtruded upon him, but obtained by solicitation, and for which fees were paid. With what countenance any man can refuse the title which he has either begged or bought, is not easily discovered.

'All verbal injury must comprise in it either some false position, or some unnecessary declaration of defamatory truth. That, in calling him Doctor, a false appellation was given him, he himself will not pretend, who, at the same time that he complains of the title, would be offended if we supposed him to be not a Doctor. If the title of Doctor fle a defamatory truth, it is time to dissolve our colleges; for why should the public give salaries to men whose approbation is reproach? It may likewise deserve the notice of the public, to consider what help can be given to the professors of physic, who all share with this unhappy gentleman the ignominious appellation, and of whom the very boys in the streets are not afraid to say, *There goes the Doctor*.

'What is implied by the term Doctor, is well known. It distinguishes him to whom it is granted, as a man who has attained such knowledge of his profession as qualifies him to instruct others. A Doctor of Laws is a man who can form lawyers by his precepts. A Doctor of Medicine is a man who can teach the art of curing diseases. This is an old axiom, which no man has thought fit to deny, *Nil dat quod non habet*. Upon this principle, to be Doctor implies skill, for *nemo docet quod non didicit*. In England, whoever practises physic, not fleing a Doctor, must practice by a license; but the doctorate conveys a license in itself.'

"Before Dr. Johnson elaborated this argument, he had consulted Dr, Lawrence, President of the London College of Physicians, as to the meaning of the phrase, in his professian, of Doctor of Medicine, and was informed that it was 'the highest title that a practiser of

physic can have. That Doctor implies not only physician, but teacher of physic, that every doctor is legally a physician, but that no man not a *doctor* can *practice physic* but by license particularly granted. The doctorate is a license of itself."

☞ We have recently assisted Dr. Foster, of this city, in a case of lithotomy, where the value of the perchloride of iron was strikingly displayed. The patient, a boy about 7 years of age, had a hemorrhagic diathesis, and after the external incisions were made, the bleeding was profuse from various points. This could not be arrested by ordinary means after the stone was extracted, and Dr. F., after inserting a tube into the bladder, filled the wound with sponge saturated with the *perchloride*. The effect was immediate, and the styptic, powerful as it was, gave rise to unpleasant consequences. There can be no question that in this agent, we have a *hemostatic* of more power than belongs to any other hitherto recommended. R.

Perchloride of Iron as a Hemostatic.—A correspondent of the "Moniteur des Hopitaux" (1856, No. 24,) states that one of the principal elements of his success in the difficult and dangerous operations M. Maisonneuve is famous for undertaking, is the remarkable use he makes of hæmostatics during their performance. He cites a recent case, occurring in a lad of sixteen, of fungous tumour of the dura mater, of enormous proportions, and was accompanied by exhausting hæmorrhages. M. Maisonneuve determined upon its removal, but the tumor bled on the slightest contact, and the patient would not be able to bear the slightest loss of blood. The line of incision extended from the anterior part of the ear to the summit of the head, and descending along the nose, was carried backwards, and then upwards to the base of the jaw, and its point of departure. A great number of arteries were thus divided, five or six of which, by reason of their anastomatic enlargements, had acquired almost the size of the radial artery. Intelligent assistants immediately compressed them with the finger, but it was impossible to thus continue the dissection without exposing the patient to the danger of death from syncope. M. Maisonneuve therefore applied to each vessel a little pledget of charpie, soaked in perchloride of iron, which was allowed to attach itself to the wound. At every stroke of the bistory or scissors, he applied a new plug, so that during the operation the patient scarcely lost a spoonful of blood; and when the tumor had been entirely removed, the entire surface of the wound was found completely dried and tanned, and was at once dressed, without the necessity of the application of a single ligature. The brown eschar which

covered the wonud was detached about the 20th day, without giving rise to any hemorrhage; and although the cure can scarcely be expected to prove radical, the patient for the present is perfectly well.—*British and Foreign Medico-Cairurgical Review.*

☞ Professor WILLARD PARKER reported to the N. Y. Academy of Medicine, at its meeting, October 5th, a case in which he attempted to remove an ovarian tumor. On exposing the tumor it was found so adherent that he was compelled to abandon the operation, and simply draw off the fluid, which amounted to eight quarts. The sac was entirely emptied, and the patient recovered from the operation. The dropsy, at the date of the report, was returning, and Prof. P. proposed to establish a fistulous opening by introducing a canula, and then employing injections.

☞ Dr. REESE, in the last number of the N. Y. Medical Gazette, states that one of the tribe of consumption curers in that city, hires a number of lean-visaged men and their pale women, to be in waiting at his rooms every morning, and during office hours, as *stool pigeons*, to be shown to every visitor as evidence of his extensive practice. They are there to testify to being "benefitted" by inhalation, or some other hocus pocus, and as examples of the same diseases under which the patients who call are laboring. Sometimes a row of hacks, as private carriages, are drawn up before his door for hours.

☞ Dr. KNAPP, well known to many of our readers by his essays on Scorbutis, has announced his intention to compete for the Breant prize (France) of 100,000 francs, for the discovery of the cause of cholera, and its cure, We have heard it intimated that a physician of this State is also to be a competitor for the same. *Palmam qui &c.*

☞ Dr. CARPENTER has resigned his Chair of Physiology in London, and it is rumored that Dr. BENNET, who was rejected in Edinburgh, is to be his successor.

☞ It is stated in the Philadelphia journals that Professor Mutter has left the country without fulfilling his generous intentions toward the College of Physicians in that city.

☞ We learn from the N. Y. Medical Gazette that fewer Southern students than usual are attending the Medical College of that city and of Philadelphia. Dr. Reese thinks their absence will be recompensed by an increased number from the Northern States.

☞ Dr. Martyn Paine, author of the "Commentaries," and Professor of Materia Medica in the University of New York, has been elected a member of the Medical Society of Sweden.

☞ At a recent meeting of the N. Y. Academy of Medicine, Dr. Batchelder proposed the extraordinary enquiry, "Is not congenital phymosis usually followed by cancer?" Such has been his experience. We have circumcised many adults affected with congenital phymosis, but as yet have met with no case of *cancer* from that cause. It should be of very frequent occurrence if Dr. Batchelder's doctrine be true.

Death from Chloroform.—A patient recently died at St. Thomas' Hospital, London, from the effects of this anæsthetic administered prior to an amputation of a finger. The house-surgeon, assisted by another gentleman, had the sole management of the case, the Surgeons of the Hospital having been absent.

☞ At a meeting of the Boston Society for Medical Improvement, September 8th, Dr. Townsend read the following letter from a distinguished English Surgeon, in reply to an inquiry made by him, why chloroform was still used in England in preference to ether. We copy it from the Boston Med. Sur. Journal. (Nov. 20th.):

"Dr. Townsend inquires why we employ chloroform rather than *ether* in this country. I believe that it is for much the same reason

that people travel by an express rather than a slow train; they reach their destination more quickly and pleasantly, though at a slightly increased risk.

"Chloroform acts much more quickly than ether; a teaspoonful will produce as much effect when inhaled, as half a pint of ether, and when a surgeon has several operations to perform in succession, time is of much moment to him and his assistants, and, in Hospitals, to the spectators.

"Chloroform is a much more pleasant agent than ether: it is more agreeable to the taste, and leaves no disagreeable odor behind. It also produces less excitement during inhalation. These advantages, as you will observe, are entirely on the side of convenience. On that of safety, I believe that ether will bear the palm. But yet chloroform has, I think, had more to answer for than it really deserves. It does not follow that every patient that dies under chloroform dies *from* chloroform. Patients used not infrequently to die "under the knife" or "on the table," as it was technically termed; in other words, during an operation, in the days when no anæsthetics were used. These deaths arose from shock to the system, from severity of pain sometimes, and others from a peculiar *physical* impression that is produced in the system by a severe mutilation. The deaths from pain now never occur, as operations are painless; but the employment of anæsthetics, whether ether or chloroform, does not always appear to save the patient from the shock that results from the depressing effect on the heart, that a severe operation will produce, independently of any pain resulting from it. All deaths of this kind are now classed together as deaths from chloroform, if the patient has been under the influence of that vapor, when in reality they would have occurred independently of it. At the same time it is impossible to blind myself to the fact that there is danger attending the use of chloroform, which is inherent and inseparable from its administration; that is a potent agent which should never be given but by those who are in the constant practice of using it, and that when by them given, great watchfulness and caution are required. When a patient is *fully* under the influence of chloroform, he is *on the verge of death*, and the least want of attention on the part of the administrator may extinguish life. I have never known death result from chloroform when due care has been used. In the only case that has fallen under my own observation, the administrator was inexperienced, and therefore probably too rash."

"In answer to Dr. Bethune, who asked how many cases of death under the knife he had known, Dr. Townsend stated that he remembered but one case, previous to the introduction of ether.

Dr. Putnam asked if any instance of death had occurred from the inhalation of sulphuric ether, to which Dr. T. replied that no such case had been reported.

Dr. Bethune thought it singular that English and Scotch physicians should still persist in the use of chloroform.

Dr. Blackie, of Edinburgh, who was present by invitation, remarked that this agent is there now used oftener than ever before, there being but one fatal case from its use recorded in that city. He further stated that but *five* fatal cases had been recorded in Scotland, in two of which death was satisfactorily shown to have been due to other causes, and in the remaining three, no definite conclusion was arrived at as to the true cause of death. The accidents in England from its use, he remarked, had not been infrequent, a fact which had been attributed to the impurity of the chloroform there used.

Dr. Townsend remarked that it was in favor of sulphuric ether that no caution was required in its administration, and that the patient was never "on the verge of death."

Letter from Paris.—Lectures at the Ecole de Médecine are nearly terminated for the season, and examinations are in progress. The professors, with their insignia of office, sit daily to inquire into the qualifications of applicants for a degree, and the examination in medicine and the collateral sciences is rigid. Spectators are admitted, and the standing of each student is known to his fellows. The professors are accustomed to ask fair and legitimate questions devoid of all ambiguity, and the candidate is thrown upon his own resources without the remotest aid from a leading interrogation. Were not a stranger unable to judge, from a lack of familiarity with French manners and customs, it would seem that the shrugs, gestures and grimaces, provoked by an incorrect answer, were clearly discourteous. A Frenchman expresses incredulity by putting his shoulder into his ear. The examinations on the whole are very creditable, and a high order of proficiency is shown. Great skill in operative surgery is often exhibited upon the dead body by a vastly greater number of men than can possibly ever have an opportunity to exercise the art.

Velpeau still holds his place, though getting old. His face is unmarked by any prominent feature, except shaggy, overhanging eyebrows; and his bedside practice at the hospital seems devoid of all feeling of tenderness for his patient. In the lecture room his manner is impressive and engaging. Nélaton, a younger man and very popular at the school and hospitals, is destined to succeed him.

Piorry carries percussion to its extremest limit. He professes to trace even the minute vessels by the indication of sound. With his light oval pleximeter and pencil, guided by a few rapid taps, he *will* map out upon the skin the topography of a diseased lung with *unerring* skill. His fine face is lighted up with intelligence as he

asks questions, pronounces diagnosis or utters some piquant remark or salutation: sometimes in French and sometimes in English, as the students gather round him at a clinique.

The wards of a French hospital present a somewhat curious appearance. There is less quiet than we should see in England or America, and therapeutic science is not apparently the exclusive object of attention. The throng is motley; surgeons and attendants in white aprons, possibly a legacy from the barbers; other assistants in cap and blouse; white sisters of charity; Charriére the famous instrument maker, hale and rubicund, the pink decoration in his buttonhole (this order is worn by nearly all the surgeons); Luer, an instrument maker, half surgeon, and the ordinarily diversified crowd of attending students.

Ricord is followed through the wards of the Hôpital du Midi by hosts of pupils, and his popularity is unbounded. There are four hundred beds devoted to syphilis, and as many more out-patients every week. Every form of disease is presented for study in its most instructive aspect. He diagnoses chancre in the urethra, in cases which would otherwise be termed gonorrhœa, by manipulation which discloses an indurated sore, when it is not desirable to test the discharge by inoculation. He maintains that syphilitic virus will not produce gonorrhœa, which has its own specific poison, while it undoubtedly will induce an urethral discharge, as any irritating injection might do. Whether in the lecture room or by the bed side, he is perpetually throwing off brilliant things: to one patient, an injunction to drink no wine; to another, advice to study mathematics, in order to escape priapism. His massive features and large projecting eyes are never allowed to subside into quiet. A table and chair, with seats around for listeners, beneath the trees in the court-yard of the hospital, constitute his summer lecture room. In this Academic grove he sets forth and enforces his doctrines with all the combined force of talent, keen wit and accumulated experience. He sometimes differs from other authorities, but in his divergence always carries the majority with him. Velpeau took different grounds some years ago, and still maintains opinions varying from Ricord. The surgeon of the *South* is a *bon vivant* and a man of elegant tastes, which his position enables him to gratify luxuriously. Former embarrassments are in progress of removal, while unabated popularity, middle age not yet passed, and the full possession of health, promise the enjoyment of a well-earned prosperity.

Paul Dubois holds no cliniques at present; an epidemic prevails in his wards, which are now closed. Some rumors of censure and threatened disgrace for the mode in which he conducted the labor of the Empress have been sent by letter writers over sea; but I can learn definitely of no such thing here. Undoubtedly his patient suffered much in her accouchement, and recovered slowly. Her health

is at present very frail; but apparently from no mismanagement in her attendant. R. S.
—*Boston Med. and Sur. Jour.*

☞ The following circular is put forth by the Sydenham Society of London. This Society was instituted in 1843, with the view of supplying its members with Standard Medical Works. The subscription, constituting a member, is five dollars annually, payable in advance. The following extracts from the Laws will explain the objects of the Society:

I. The Society is instituted for the purpose of meeting certain acknowledged deficiencies in existing means for diffusing medical literature, which are not likely to be supplied by the efforts of individuals, and shall be called the "Sydenham Society."

II. The Society will carry its objects into effect by a succession of publications, embracing, among others: 1 Reprints of standard English works, which are rare or expensive; 2. Miscellaneous selections from the ancient and from the earlier modern authors, reprinted or translated; 3. Digests of the works of old and voluminous authors, British and foreign, with occasional biographical and bibliographical notices; 4. Translations of the Greek and Latin medical authors, and of works in the Arabic and other Eastern tongues, accompanied, when it is thought desirable, by the original text: 5. Translations of recent foreign works of merit; 6. Original works of merit, which might prove valuable as books of reference, but which would not otherwise be published, from the slender chance of their meeting with a remunerating sale—such as bibliographies, alphabetical and digested indexes to voluminous periodical publications, &c.

Three volumes, handsomely bound in a uniform manner in cloth, gilt edged, are usually issued in the year.

List of the Society's Works, of which copies are still on hand, and from which new members, subscribing for the current year, may make a selection, on payment of an additional five dollars for any three volumes, with the exception of those to which an asterisk is affixed. Those to which an asterisk is affixed, or any other single volume, may be had for $2.50 per volume.

Sydenhami Opera Omnia. 1 vol.
Hasse's Pathological Anatomy. 1 vol.
Rhazes on the Smallpox and Measles. 1 vol.
The Works of Hewson. Portrait and plates. 1 vol.
Dupuytren's Lectures on Diseases and Injuries of Bones. 1 vol.
Dupuytren on Lesions of the Vascular System, &c. 1 vol.
Memoirs of the French Academy of Surgery. 1 vol.
Feuchtersleben's Medical Psychology. 1 vol.

Microscopical Researches of Schwann and Schleiden. 1 vol. Plates.
The Works of W. Harvey, M, D. 1 vol.
The Genuine Works of Hippocrates. 2 vols.
Essays on Puerperal Fever and other Diseases Peculiar to Women. 1 vol.
The Works of Sydenham, translated from the Latin. 2 vols.
Unzer and Prochaska on the Nervous System. 1 vol.
Annals of Influenza. 1 vol.
Romberg on Diseases of the Nervous System. 2 vols.
Kolliker's Manual of Human Histology. 2 vols. Woodcuts.
*Rockitansky's Pathological Anatomy. Complete in 4 vols.
*Hunter on the Gravid Uterus. 1 vol. Folio. 34 plates, with descriptive letter press.
Wedl's Pathological Histology. 1 vol. Woodcuts.
Oesterlen's Medical Logic. 1 vol.
Velpeau on Diseases of the Breast. 1 vol.
The Works of Aretæus, Greek and English. 1 vol.

RICHARD J. DUNGLISON, M. D.
Hon. Local Secretary for Philadelphia.

New Form of Astringent Application. By Dr. William Bayes, Brighton—Pure glycerine dissolves nearly its own weight of tannin, affording a very powerful local astringent application.

The solution of tannin in pure glycerine appears to me to supply a desideratum long felt, and capable of a great variety of useful applications.

The solvent property of glycerine over tannin allows us to form a lotion of any desirable strength, as the solution is readily miscible with water.

The solution of tannin in glycerine, in one or other of its strengths, is peculiarly applicable to many disorders of the mucous membrane, readily combining with mucus, and forming a non-evaporizable coating over dry membranes; hence it may with benefit be applied to the mucous membranes of the eye end ear in many of its diseased conditions. It forms a most convenient application to the vaginal, uterine, urethral or rectal membranes, where a strong non-irritani astrlngent lotion is desired.

In local hemorrhage, where the bleeding snrface can easily be reached, it wiil prove very convenient, and may be applied either with a sponge or small brush.

The solution must be kept in the dark, and should not be prepared for any great length of time before used, or decomposition will ocour.

It is singular that glycerine does not possess the same property towards gallic acid.—*Association Med. Jour.*

OBITUARY.

Died, on 8th of October Dr. W. P. Kitchen of Laurel Indiana..

Dr. Kitchen was born in Fayette Co. Ind. in the year 1820, his family moving while he was quite young and locating near Melroy Ind.

He was engaged with his father in agricultural pursuits until he was 23 years of age, at which time he commenced the study of medicine with Dr. W. P. Brachen of Melroy Ind.

He attended his first course of Lectures in the Ohio Medical College, session of 1846-7, and in the spring following located and commenced the practice of his profession in Fayetteville Ind., which he continued energetically, and successfully to do, until the winter of 1849-50, when he returned to Cincinnati and attended his second course, graduating.

In June 1851 he changed his location to Laurel, in the following year he married and was residing and practicing his profession here, at the time of his death.

On the day of his death he was attending a political meeting at West Union. Having left his own conveyance at the village, he walked to the speakers' stand ½ mile distant, when returning he accepted the invitation of two friends to accompany them in their buggy to the village, and while coming down a steep descent, the harness broke, the vehicle was thrown against a tree, and all of them precipitated to the ground, and Dr. Kitchen falling on his side, it is supposed ruptured a blood vessel of which he died in a short time.

It will be with feelings of the most profound regret that his numerous friends will learn of his untimely decease.

It is seldom the Profession and community are called to mourn the loss of as bright an ornament.

Having been placed in an humble position in life, he had to contend against many disadvantages, and what he lacked in facilities, he made up in determined, patient, and unceasing effort.

And nobly did he succeed.

High minded in his intercourse with the Profession, and endearing himself to all with whom he came even transiently in contact, he also possessed that admirable combination of talent which constitutes the elements of the truly scientific and practical physician, and he bid fair to attain a still more enviable position in his idolized Profession had his life been prolonged.

In addition to his Professional worth, his innate kindness of heart, his sympathy for the poor and suffering, had endeared him to all who knew him, and the needy have lost in him a true benefactor and friend—and we who have been associated with him as pupil and companion, would bear our humble testimony to his virtues and abilities, believing that the Profession, Church, and Community have but few such as he to lose.

R. . .

H. Schedel, who was associated with M. Cazenave in writing an excellent Manual on Diseases of the Skin, recently lost his life in Switzerland, by a fall from the rocks, while attempting to ascend Mount Pilate, alone, and in the night.